
CONSENT

Bill No: AB 583
Author: Pellerin (D)
Amended: 4/7/25 in Assembly
Vote: 21

SENATE HEALTH COMMITTEE: 9-0, 6/11/25

AYES: Menjivar, Valladares, Durazo, Grove, Limón, Padilla, Richardson, Rubio, Wiener

NO VOTE RECORDED: Gonzalez, Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 72-0, 5/8/25 - See last page for vote

SUBJECT: Death certificates

SOURCE: California Association for Nurse Practitioners

DIGEST: This bill adds nurse practitioners (NPs) to the list of health care practitioners last in attendance who are required to complete and attest to the medical and health section and time of death on a death certificate in specified facilities, and imposes the same requirements on NPs that are currently placed on physicians and physician assistants for the purpose of reporting deaths. Requires NPs to notify the coroner when they have knowledge of a death under certain specified circumstances.

ANALYSIS:

Existing law:

- 1) Requires each death to be registered with the local registrar of births and deaths in the district in which the death was officially pronounced or the body was found, within eight calendar days after death and prior to any disposition of the human remains. Requires the California Department of Public Health (CDPH) to implement an internet-based electronic death registration system for the

creation, storage, and transfer of death registration information. [Health & Safety Code (HSC) §102775 and §102778]

- 2) Requires the medical and health section data and the time of death to be completed and attested to by the physician last in attendance, or in the case of a patient in a skilled nursing facility (SNF) or intermediate care facility (ICF), by the physician last in attendance or by a physician assistant (PA) under the supervision of the physician last in attendance if the physician or licensed physician assistant is legally authorized to certify and attest to these facts, and if the physician assistant has visited the patient within 72 hours of the patient's death. [HSC §102795]
- 3) Requires the medical and health section data and the physician's or coroner's certification to be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body. Requires the physician to, within 15 hours after the death, deposit the certificate at the place of death, or deliver it to the attending funeral director at his or her place of business or at the office of the physician. [HSC §102800]
- 4) Requires the physician last in attendance, or in the case of a patient in a SNF or ICF at the time of death, the physician last in attendance or a PA under the supervision of the physician last in attendance, on a deceased person to state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and any other medical and health section data as may be required on the certificate. Requires he or she to specify the time in attendance, the last time he or she saw the deceased person alive, and the hour and day on which the death occurred, except in death required to be investigated by the coroner. [HSC §102825]
- 5) Requires a physician, PA, funeral director, or other person to immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:
 - a) Without medical attendance;
 - b) During continued absence of the attending physician;
 - c) Where the attending physician or the PA is unable to state the cause of death;
 - d) Where suicide is suspected;
 - e) Following an injury or an accident; and,

- f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another. [HSC §102850]

This bill:

- 1) Adds NPs to the list of health care practitioners last in attendance who are required to complete and attest to the medical and health section and time of death on a death certificate in specified facilities, and imposes the same requirements on NPs that are currently placed on physicians and PAs for the purpose of reporting deaths.
- 2) Requires NPs to notify the coroner when they have the knowledge of a death under certain specified circumstances.

Comments

According to the author of this bill:

This bill is personal. My family and I were unable to have a proper funeral for my father when he passed because of the delay in obtaining his death certificate. As such, we had a celebration of life, without his body, without his ashes. A death certificate is required for various legal purposes. This includes filing life insurance claims, closing bank accounts, and transferring property ownership. Further, a grieving family is unable to plan a funeral without a death certificate. California is one of a handful of states that bars nurse practitioners from being able to sign the death certificate of a patient they have cared for until their passing. Current law only allows physicians to sign death certificates, even though they may have *never* cared for or seen the patient. This bill will allow an NP to carry out the duties related to death registration and death certificate signatures.

Background

Licensed NPs. According to the California Board of Registered Nursing (Board), an NP is an advanced practice registered nurse who meets Board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care. AB 890 (Wood, Chapter 265, Statutes of 2020) created two new categories of NPs that can function within a defined scope of practice without standardized procedures. These new categories of NPs are “103 NP” and “104 NP.” 103 NPs must work in a group

setting with at least one physician and surgeon, while 104 NPs may work independently within the population focus of their National Certification.

Death certificates. California death certificates are a legal document that contains information about the deceased person, their family, and the circumstances of their death. These certificates are not only a means of documenting the death but also serve important functions in legal and personal affairs. CA.gov states that a certified copy of a death certificate can typically be used to obtain death benefits, claim insurance proceeds, notify social security, and other legal purposes.

Death registration process. The death registration process begins via an internet-based EDRS, with the physician last in attendance completing the medical and health section data portion of the certificate, except in deaths required to be investigated by the coroner. The funeral director then obtains the required information other than the medical and health data to prepare the death certificate and register it with the local registrar. The local registrar examines each death certificate before acceptance of registration upon receipt and, if the certificate is properly completed, then may issue a burial permit. CDPH then examines the certificates received from the local registrar. Individuals can request a certified copy of death certificates from CPDH – Vital Records.

Related/Prior Legislation

AB 1108 (Hart, 2025) prohibits, in any county in which the offices of the sheriff and the coroner are combined, the sheriff-coroner from determining the circumstances, manner, and cause of death for an in-custody death. Instead requires the sheriff-coroner to contract with another county that has a coroner's office that operates independently from the office of the sheriff, another county that has established an office of medical examiner, or a third-party medical examination provider that is separate and independent from the office of the sheriff-coroner to determine the circumstances, manner, and cause of death. AB 1108 is set for hearing on July 1, 2025 in the Senate Public Safety Committee.

AB 890 (Wood, Chapter 265, Statutes of 2020) authorizes NPs who meet certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering dispensing, and furnishing controlled substances. Authorizes NPs to perform those foundations without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

Senate Rule 28.8

SUPPORT: (Verified 6/30/25)

California Association for Nurse Practitioners (source)

AARP

American Association of Nurse Practitioners

American Nurses Association

Board of Registered Nursing

California Association of Health Facilities

California Association of Long Term Care Medicine

California Association of Nurse Anesthesiology

California Funeral Directors' Association

California Long Term Care Ombudsman Association

Northern California Chapter of the Gerontological Advanced Practice Nurses
Association

Eight individuals

OPPOSITION: (Verified 6/30/25)

None received

ARGUMENTS IN SUPPORT: The sponsor of this bill, the California Association for Nurse Practitioners, along with supporters write that in many settings, NPs are the primary providers that care for a patient prior to their death, yet they do not have authority to sign off on death certificates or perform duties related to death registration. These duties are often left to physicians, who oftentimes have never cared for or seen the patient prior to their death. In cases where an NP was the primary provider caring for the patient prior to their passing, a physician would have to spend potentially hours reviewing a patient's records to carry out these duties related to death registration. The necessary forms thereby sit on the physicians' desk until they are able to step away from direct patient care and focus on administrative tasks. Obtaining a physician's signature can take weeks, compounding the grief families are navigating and delaying the opportunity to make funeral arrangements and handle other legal matters such as filing insurance claims, closing bank accounts, or accessing federal veteran benefits. AARP states that if passed, California would join 40 other states in allowing NPs to perform this task. California Long-Term Care Ombudsman Association highlights that in long-term care facilities, it is often the NP who is more involved in the residents' care

and therefore has the most information about the resident's death because there are typically more NPs working in the facility than physicians.

ASSEMBLY FLOOR: 72-0, 5/8/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Flora, Fong, Gabriel, Gallagher, Gipson, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Arambula, Boerner, Ellis, Garcia, Jeff Gonzalez, Irwin, Celeste Rodriguez

Prepared by: Margarita Niemann / HEALTH / (916) 651-4111

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