MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1637
AUTHOR:	Caloza
CHAPTER:	Chaptered, #536
BILL DATE:	April 8, 2026, Amended
SUBJECT:	Physicians and Surgeons: Medical Records
SPONSOR:	Union of American Physicians and Dentists
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION

Adds a new law to the Medical Practice Act to state that a physician's patient notes (including after-visit summaries and diagnosis and treatment plans) are the responsibility of that physician regardless of the clinical setting. Further, states that the physician's patient notes shall not be changed by anyone other than the authoring physician, others authorized by the authoring physician, or another physician, as specified.

AB 1637 has not been amended since the Medical Board of California (Board) adopted a position of Support.

IMPLEMENTATION TASKS

- Report in the Board's newsletter (expected to be published by December 2026).
- Publish a separate newsletter article in 2027 to highlight awareness of this law.

BACKGROUND

Business and Professions Code (BPC) section 2220.08 states that a medical consultant (as defined) retained by the Board shall review a quality-of-care complaint and the relevant patient records (in addition to other pertinent facts and information) to determine whether it should be referred to the field for further investigation.

BPC section 2266 requires a physician to maintain adequate and accurate medical records for at least seven years after the last date of service to their patient.

Penal Code section 471.5 states that it is a misdemeanor for anyone with fraudulent intent to change a medical record, or create a false medical record, of any person.

Pursuant to Civil Code section 56.101(b)(1), an electronic health or medical records system shall protect and preserve the integrity of electronic medical information and record and preserve any change or deletion of electronically stored medical information.

ANALYSIS

According to the author's fact sheet:

> "A poll taken within the doctors' union found many physicians having reported their notes being changed by their hospital and clinic supervisors. Those editing were not the primary physicians nor a licensed doctor. One example, from Kern County, a traveling physician working with autistic children was having their notes changed by the district supervisor based on the fear that the integrity of the clinic was in jeopardy.
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> Accurate medical documentation is foundational to safe and effective patient care. Physicians rely on medical records to communicate diagnosis and treatment, while patients depend on these records for continuity of their care.
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> The rapid expansion of electronic health record (EHR) systems has transformed how documentation is created, stored and accessed. EHRs improve coordination and efficiency, however, they can have multiple users, including administrative staff, contractors and third-party entities, who can access and edit patient records.
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> Without clear guardrails, this expanded access can create uncertainty about authorship and impact patient safety. It is critical to ensure that physician-authored documentation remains accurate and protected from unauthorized edits."

AB 1637 states that the following individuals may change the authoring physician's patient notes:

- A scribe, medical assistant, or other authorized individual acting under the authority delegated by the authoring physician.
- A physician who is adding to an authoring physician's patient notes if patient care has been transferred from the authoring physician to the physician who is making the additions.
- A physician altering, modifying, or editing the patient notes of a postgraduate training licensee, intern, resident, or postdoctoral fellow who the physician is supervising.

AB 1637 does not provide for a penalty or an explicit enforcement mechanism. Therefore, if the Board receives a complaint about a possible violation that pertains to an individual or entity outside the Board's jurisdiction, the Board will attempt to refer the complaint to the appropriate regulator or law enforcement agency.

FISCAL: Minor and absorbable enforcement workload anticipated due to possible violations of this legislation.

SUPPORT: AIDS Healthcare Foundation
American Federation of State, County and Municipal Employees
California Academy of Child and Adolescent Psychiatry
California Acupuncture Coalition

OPPOSITION: None identified.

ATTACHMENT: AB 1637, Caloza. Physicians and Surgeons: Medical Records.
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