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DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD
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MEMORANDUM

DATE	November 16, 2026
TO	Physician Assistant Board (Board)
FROM	Jasmine Dhillon, Legislative and Regulatory Specialist
SUBJECT	**Agenda Item 17. Report, Discussion and Possible Action by the Legislative Regulatory Affairs Committee**

A. **AB 1637 (Caloza) Physicians and surgeons: medical records.**

Status: Approved by the Governor. Chaptered by Secretary of State - Chapter 536, Statutes of 2026.

Summary: This bill would state that a physician and surgeon's patient notes, as defined, shall be the responsibility of that physician and surgeon. The bill would prohibit a physician and surgeon's patient notes from being altered, modified, or edited in any fashion by anyone other than the authoring physician and surgeon, except as specified. By expanding the scope of a crime under the act, the bill would impose a state-mandated local program.

This bill prohibits a physician's patients notes, from being altered, modified, or edited by anyone other than the authoring physician or by: 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; or a physician altering, modifying, or editing the patient notes of a postgraduate training licensee, intern, resident, or postdoctoral fellow who the physician is supervising.

Fiscal Impact: At its August 14, 2026 meeting, the Board took a watch position.

B. **AB 1775 (Ward) Veterans**.

Status: Approved by the Governor. Chaptered by Secretary of State - Chapter 467, Statutes of 2026.

Summary: Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations. Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill would extend that requirement and authorization to also include members who were discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025. The bill would make additional conforming changes.

Fiscal Impact: At its August 14, 2026 meeting, the Board took a watch position.

C. **AB 1973 (Aguiar-Curry) Abortion: authorized procedures.**

Status: Approved by the Governor. Chaptered by Secretary of State - Chapter 487, Statutes of 2026.

Summary: Existing law generally makes it a public offense, punishable by a fine not exceeding $10,000 or by imprisonment, or both, for a person to perform an abortion without a valid license to practice as a physician and surgeon. As an exception to that prohibition, existing law authorizes a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if they have a valid, unrevoked, and unsuspended license or certificate under the Medical Practice Act, the Osteopathic Act, the Nursing Practice Act, or the Physician Assistant Practice Act that authorizes the person to perform the functions necessary for abortion by medication or aspiration techniques.

This bill would instead authorize a person to perform an abortion if they are authorized under those acts to perform an abortion and would delete the restriction that the abortion be performed only in the first trimester of pregnancy. The bill would make conforming changes to specified training requirements imposed on nurse practitioners, qualified nurse practitioners, certified nurse-midwives, nurse-midwives, and physician assistants to perform those abortions. The bill would require a nurse practitioner or certified nurse-midwife performing a procedural abortion beyond the first trimester to establish, maintain, and follow written procedures that delineate the parameters for consultation, collaboration, referral, and transfer of care to a physician and surgeon, as specified, in cases that require care that is beyond the scope of their education, training, and experience.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its August 14, 2026, meeting, the Board maintained its watch position.

D. **AB 1979 (Bonta) Health care services: artificial intelligence**

Status: Approved by the Governor. Chaptered by Secretary of State – Chapter 854, Statutes of 2026.

Summary: This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

Fiscal Impact: AB 1979 could increase complaint volume for the Board; however, an estimate of an exact increase cannot be determined. The volume is likely to be low because the Board does not currently receive allegations of unlawful practice using AI technology. As for costs to the PAB's Enforcement Unit, investigations of unlicensed practice can vary from the analyst writing a cease & desist letter to a full investigation by the Division of Investigation. Any effect on the Board's enforcement is expected to be absorbable within current budget and staffing resources.

Board Position: At its August 14, 2026, meeting, the Board maintained its watch position.

E. **Senate Bill (SB) 1088 (Blakespear) Health care decisions: life-sustaining treatment**

Status: Approved by the Governor. Chaptered by Secretary of State. Chapter 677, Statutes of 2026.

Summary: Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual with capacity or legally recognized health care decisionmaker and the individual's physician that directs a health care provider regarding resuscitative measures, as prescribed. Existing law includes a prehospital "do not resuscitate" form, as developed by the Emergency Medical Services Authority or other substantially similar form, and Physician Orders for Life Sustaining Treatment form (POLST form), as approved by the Emergency Medical Services Authority as requests regarding resuscitative measures.

This bill would replace the term "Physician Orders for Life Sustaining Treatment" with "POLST," or "Portable Orders Listing Scope of Treatment." The bill would authorize a request regarding resuscitative measures to be entered into by an individual with capacity or a healthcare agent, conservator with health care decision-making authority, or surrogate, as defined, and a physician, nurse practitioner, or physician assistant, as specified. The bill would specify that a request regarding resuscitative measures is entirely voluntary and the provision of care or admission to a facility cannot be conditioned on completion of or refusal to complete a POLST or prehospital "do not resuscitate" order.

Existing law prescribes requirements for forms for requests regarding resuscitative measures, including, among other things, that the form be signed by the executing parties. This bill would specify that an electronic signature, as defined, is sufficient for any signature required for a request regarding resuscitative measures.

Under this bill, a request regarding resuscitative measures executed in another state or jurisdiction that complies with the laws of that state or jurisdiction or the laws of California is considered valid and enforceable in California to the same extent as a request regarding resuscitative measures validly executed in California. The bill would specify that, in the absence of knowledge to the contrary, a physician or other health care provider may presume that a request regarding resuscitative measures, whether executed in another state or jurisdiction or in California, is valid and unrevoked.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its August 14, 2026 meeting, the Board took a support position.

F. **SB 1376 (Wahab) Physician assistants**

Status: This bill failed deadline and is considered dead.

Summary: The Physician Assistant Practice Act establishes the Physician Assistant Board to license and regulate physician assistants. Existing law authorizes the board to convene from time to time as deemed necessary by the board. Existing law further requires the board to receive permission from the Director of Consumer Affairs to meet more than 6 times annually, and requires the director to approve meetings that are necessary for the board to fulfill its legal responsibilities.

This bill would delete the provision requiring the board to receive permission from the director to meet more than 6 times annually and for the director to approve meetings.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its August 14, 2026 meeting, the Board maintained its support position.

G. **SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses**

Status: This bill failed deadline and is considered dead.

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its August 14, 2026 meeting, the Board maintained its support position.