

California NPs Authorized to Sign Death Certificates under AB 583 Beginning July 1, 2026

Insights

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Effective July 1, 2026, Assembly Bill 583 will authorize nurse practitioners (NPs) to complete and sign death certificates and fetal death records, and will require NPs to notify the coroner under certain circumstances. In exercising this authority, NPs will be held to the same statutory standards as physicians. The bill was signed into law October 2025, and amends Health and Safety Code sections 102795, 102800, 102825, 102850, 102875, 102975, and 103300.

Background

In California, the death registration process begins with the authorized practitioner last in attendance (or in certain circumstances, the coroner), who is responsible for completing the medical and health section data of the decedent's death certificate on an electronic registration system. The funeral director then completes the demographic information and files the certificate with the local registrar, who reviews and approves the records. Individuals can request certified copies of death certificates and use them to obtain death benefits, claim insurance proceeds, and notify social security.

In arguments supporting Assembly Bill (AB) 583, professional organizations noted that although NPs in many settings are often the primary providers that care for a patient prior to death, they historically did not have authority to perform death certification and registration duties. Instead, these administrative duties were the responsibility of physicians, whose heavy workloads have at times led to delays in the administrative process.

New Law Expanding Role of Nurse Practitioners

To promote prompt completion of the death certificate and registration process, AB 583 makes four substantive changes to the applicable laws:

1. The bill will authorize NPs last in attendance to complete and sign the medical and health section data of a death certificate. This role was generally limited to the physician last in attendance, with certain physician assistants authorized in the case of patients in a skilled nursing or intermediate care facility. Pursuant to AB 583, the NP last in attendance will also be permitted to complete and sign a death certificate in all settings. NPs will be subject to the same statutory requirements as physicians, including completing the certificate within 15 hours of death and certifying the cause(s) of death. (Health & Saf. Code, §§ 102795, 102800, 102825.)

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2. The bill will add NPs to the list of individuals required to immediately notify the coroner under certain circumstances following a patient's death, such as if suicide is suspected, or following an injury or accident. The current list includes physicians, physician assistants, funeral directors, and "other persons." Notably, failure to notify the coroner as required under this section constitutes a misdemeanor. (Health & Saf. Code, § 102850.)
3. The bill will authorize the NPs in attendance of the delivery to complete and sign the medical and health section data of a fetal death record, which was previously limited to the physician in attendance. (Health & Saf. Code, § 102975.)
4. Finally, the bill will authorize NPs who signed a record of death, fetal death, or live birth to submit a declaration stating any necessary changes or supplemental information to the record; currently, only the signing physician or coroner is authorized to do so. (Health & Saf. Code, § 103300.)

The new law applies to all nurse practitioners licensed in California, as AB 583 does not reference or limit its application to those practicing under Business and Professions Code sections 2837.103 or 2837.104 (commonly referred to as "103 and 104 NPs").

With the passage of AB 583, California joins 40 other states in allowing NPs to perform tasks related to death registration. More broadly, AB 583 is consistent with the continuing trend in California toward expansion of scope for advanced non-physician practitioners.

Key Takeaways for California Providers

This expansion of California NPs' role in the death registration process creates opportunities for health care organizations to alleviate physician workloads and improve efficiency in care delivery settings. At the same time, the new law also holds NPs to the same statutory standards as physicians when completing death certificates, including strict timing requirements and mandatory coroner notifications. Notably, NPs that fail to notify the coroner as required in specified circumstances may face misdemeanor liability.

For organizations that intend to shift some death registration responsibilities from physicians to NPs, it will be important to ensure the NPs are adequately prepared to perform these functions. Such preparation may include training programs to cover cause-of-death determination, proper completion of death certificates, and identification of coroner-reportable cases, as well as providing detailed instruction on the use of California's electronic death registration system. Organizations should also consider creating internal protocols on NPs' procedures related to death certification and fetal death reporting. Having such policies and procedures will ensure consistency in practice and reduce potential legal exposure to the organization and the NP.

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