

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 1778 (Patterson) – As Introduced February 9, 2026

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Public Safety.

SUBJECT: Controlled substances: testosterone.

SUMMARY: Removes or reclassifies testosterone from Schedule III of California's Uniform Controlled Substances Act (UCSA), contingent upon it being removed or reclassified pursuant to federal Controlled Substances Act (CSA).

EXISTING LAW:

- 1) Establishes the UCSA in California, which divides controlled substances into five schedules ranging with the most serious and heavily controlled substances, classified as Schedule I, to the least serious and most lightly controlled substances, classified as Schedule V, and imposes various reporting and enforcement provisions specific to each schedule. (Health and Safety Code (HSC) §§ 11000 *et. seq.*)
- 2) Establishes and enumerates the groups of substances which are designated as Schedule III under the UCSA. (HSC § 11056)
- 3) Establishes that anabolic steroids and chorionic gonadotropin, including testosterone as Schedule III controlled substances under the UCSA. (HSC § 11056(f))
- 4) Authorizes only a licensed physician, dentist, podiatrist, veterinarian, naturopathic doctor, registered nurse, certified nurse-midwife, optometrist, or out-of-state prescriber to write or issue a prescription, subject to their respective scope of practice. (HSC § 11150)
- 5) Provides that a prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice, and that the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. (HSC § 11153)
- 6) Requires prescribers of UCSA controlled substances to comply with specified requirements which include: the forms that prescriptions must be written on; the required information included in a prescription form; and the manner that a prescription must be dispensed. (HSC § 11164)
- 7) Authorizes specified healing arts professionals licensed under the Department of Consumer Affairs (DCA) to prescribe, furnish, or administer controlled substances to a patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant upon old age, other than addiction to a controlled substance, and only in the quantity and for the length of time as are reasonably necessary. (HSC § 11210)

- 8) Authorizes persons who, under applicable federal laws or regulations, are lawfully entitled to use controlled substances for the purpose of research, instruction, or analysis, to obtain and use specified controlled substances upon registration with and approval by the California Department of Justice (DOJ). (HSC § 11212)
- 9) Makes possession of a non-narcotic Schedule III controlled substance a misdemeanor subject to imprisonment in county jail for up to one year, and a felony in cases where the person has one or more prior convictions for an offense classified as a violent felony or one that requires registration as a sex offender. (HSC § 11377(a))
- 10) Makes possession for sale of a non-narcotic Schedule III substance a felony subject to imprisonment in county jail for 16 months, 2 years or 3 years. (HSC § 11378)
- 11) Makes trafficking of a non-narcotic Schedule III substance a felony subject to imprisonment in county jail for 2, 3, or 4 years. (HSC § 11379)
- 12) Makes manufacturing, producing, or preparing a non-narcotic Schedule III controlled substance either directly or indirectly by chemical extraction or independently by means of chemical synthesis a felony punishable by imprisonment in county jail for 3, 5, or 7 years and a fine of up to \$50,000. (HSC § 11379.6(a))
- 13) Makes offering, manufacturing, producing, or preparing a non-narcotic Schedule III controlled substance either directly or indirectly by chemical extraction or independently by means of chemical synthesis a felony punishable by imprisonment in county jail for 3, 4, or 5 years. (HSC § 11379.6(e))

THIS BILL:

- 1) Confirms testosterone's classification under California's UCSA to its classification under the federal CSA. Testosterone is currently a Schedule III substance under California's UCSA and the federal CSA.
- 2) Provides that if testosterone is reclassified or exempted from the federal CSA, this bill automatically reclassifies or exempts testosterone from California's UCSA.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author:

AB 1778 is about ensuring consistency and clarity in our laws. If the federal government changes how testosterone is classified, California should not be stuck operating under outdated rules that create confusion for doctors, pharmacists, and patients. Right now, state law would not automatically adjust if federal law changes, and this opens the door to unnecessary red tape and conflicting standards. AB 1778 simply keeps California aligned with federal scheduling decisions, providing a clear and consistent framework moving forward.

Background.

Overview of Testosterone. Testosterone is the primary male sex hormone, although it is also produced by females in lesser quantities. Testosterone is critical to the development of male reproductive organs and other secondary sexual characteristics which are developed during puberty, such as muscle and bone mass, and body hair. Testosterone is primarily produced by the testis, but it is also produced by both the male and female adrenal glands.

Humans naturally produce testosterone, but it can also be chemically synthesized. Chemical synthesis of testosterone was first achieved in 1935, although research on full synthesis was being conducted as far back as the 1860s. Contemporary synthesis of testosterone is typically accomplished through microbial fermentation of plant cholesterol. Synthetic testosterone is typically administered via transdermal patches and gels, intramuscular injections, or ingestion.

Medical Usage of Testosterone. Research has shown that testosterone has several therapeutic uses. As a result, it is approved by the FDA to treat a number of conditions, and it is included in the World Health Organization's list of essential medicines. One of the primary, on-label uses for testosterone in the US is "testosterone replacement therapy" (TRT). TRT is most commonly used in the treatment of hypogonadism in cisgendered men, which is a condition that causes decreased natural testosterone production.

Testosterone is also a primary hormone used by transgender men in transgender hormone therapy (THT). THT is a form of gender affirming healthcare employed by many transgender men to facilitate gender transition. Gender-affirming care encompasses medical interventions such as prescription hormone therapy, surgical procedures, and mental health support aimed at aligning an individual's physical body with their gender identity. Testosterone is one of the main hormones used in THT due to its role in the development of secondary male sex characteristics, including facial and body hair, increased bone density and muscle mass, and decreased estrogen production. According to a recent study, approximately 70% of transgender men in the US have at one point used testosterone as part of THT. For many transgender individuals, these interventions are not merely elective but are necessary for alleviating gender dysphoria and improving overall well-being.

Illicit and Off-label Usage of Testosterone. Although there are a number of approved medical uses for testosterone, it also has a history of illicit and off label use. The most prominent illicit usage of testosterone has been anabolic hormone and "steroid doping" in sports. Usage of anabolic hormones and steroids in sports, like testosterone, date as far back as the 1950s. In 1975, the International Olympic committee banned the usage of anabolic hormones and steroids by athletes. Despite the Olympic ban, and similar bans by other athletic organizations, illicit hormone and steroid use continued to persist as a problem in both amateur and professional athletic circles. This trend was one of primary reasons that the US congress passed the Anabolic Steroid Act of 1990, which added testosterone, as well as other anabolic hormones and steroids, to the federal CSA as Schedule III substances. Soon after, California's USCA followed this scheduling.

More recently, interest in off-label testosterone use has expanded beyond the world of athletics, driven in part by alternative health influencers and social media trends. A significant percentage of people in the US have either used or expressed interest in using off-label testosterone for

general health and wellness. According to a 2025 report by CBS News¹, prescriptions for TRT rose from 7.3 million in 2019 to over 11 million in last year. According to the report, many consumers are seeking TRT as a “fountain of youth”, purporting increased vitality, energy, and libido. However, with increased use of testosterone as a wellness drug has also come increased research into potential risks. According to the same report, studies show “slight increased risk of certain heart, lung and kidney conditions” for individuals with low testosterone using TRT, and notes the risks for individuals with normal testosterone levels may be higher. Additionally, both the Mayo Clinic and Cleveland Clinic have found TRT can affect fertility by reducing sperm count, cause acne and worsen sleep apnea.

Regulation of Testosterone. Testosterone’s wide on-label and illicit usage has led to the creation of many regulations concerning its manufacture, use, possession, and sale at both the state and federal level. Some of the most important regulations concerning testosterone are contained within the federal Controlled Substances Act (CSA), and the California Uniform Controlled Substances Act (UCSA). Some substances used in prescription hormone therapy, such as testosterone, are scheduled as Class III as controlled substances under the CSA and UCSA, and are therefore subject to strict requirements in the prescribing and dispensing of those substances. Treatments involving prescription hormone therapy are also subject to professional oversight by state licensing boards under the DCA pursuant to various healing arts practice acts.

The UCSA, as well as the federal CSA classify controlled substances into one of five schedules. Drugs falling within Schedules II through V may be prescribed only by health practitioners in possession of a federal Drug Enforcement Agency (DEA) registration and are ranked according to the drug’s potential for abuse, with lower numbered schedules representing drugs with a higher risk of abuse or dependence. Testosterone is currently a Schedule III substance on the UCSA and the CSA. Schedule III substances are those defined as having a moderate potential for physical and psychological dependence, but that have some form of recognized medical value. According to the DEA, examples of other Schedule III substances include Tylenol with codeine, ketamine, and other anabolic steroids.

The UCSA and the CSA are typically aligned on how medications are classified, but there have been conflicts between the federal and state acts, typically when the federal government reschedules a substance or exempts a specific drug from the CSA. When this occurs, statute in California typically must be legislatively amended to reconcile the differences. When a drug is scheduled differently at the federal and state level, it can create confusion and legal challenges for healing arts professionals, who are licensed by various medical boards under the DCA. These professionals are permitted to administer, prescribe, and dispense controlled substances under varying degrees of control, and subject to rigorous tracking and reporting requirements. When the federal and state schedules are not aligned for a particular controlled substance, it can create conflicting obligations for health care providers which can have adverse effects on providers and patients alike.

The increased interest in testosterone has led to an increase in research on the risks and benefits of its usage. In 2025, the federal Food and Drug Administration (FDA) assembled an expert panel to discuss this research. This panel made three major requests of the FDA which were: remove testosterone from Schedule III of the federal CSA, expand the FDA approved uses for

¹ Moniuszko, S. (2025, February 26). *Testosterone replacement therapy is rising in popularity. What is it and what are there risks?* CBS News. <https://www.cbsnews.com/news/what-is-testosterone-replacement-therapy-risks/>

testosterone to include age related low testosterone, and remove the black box warning about a correlation between testosterone use and prostate cancer risk from testosterone prescription labels. This panel received significant pushback from a contingent of medical experts who claimed that the panel's conclusions did not reflect the body of scientific research about the potential risks of testosterone usage. Following this panel the FDA opened a public comment period on February 9, 2026, regarding testosterone labeling and scheduling, and rulemaking is currently ongoing. Recognizing that ongoing conversations at the federal level may lead to the change of scheduling, or entire removal, of testosterone in the federal CSA, this bill would similarly remove or reschedule testosterone in the California USCA contingent on whatever action the federal government takes.

Current Related Legislation. AB 1785 (Hoover) would expand the definition of “retail distributor” under the Uniform Controlled Substances Act to include online retailers for purposes of selling ephedrine, pseudoephedrine, norpseudoephedrine, or phenylpropanolamine products (PSE medications), subject to the same reporting requirements and distribution limits. *This bill is currently pending in this committee.*

Prior Related Legislation. AB 1152 (Patterson), Chapter 183, Statutes of 2025 required that if human chorionic gonadotropin (hCG) is rescheduled or removed from the federal CSA, hGC would also be rescheduled or removed from California's UCSA, to conform with federal law. At the time the law was enacted, hCG was a Schedule III controlled substance under the federal CSA.

AB 82 (Ward), Chapter 679, Statutes of 2025 prohibited prescriptions for testosterone or mifepristone from being reported to the Department of Justice (DOJ), the Controlled Substances Utilization Review and Evaluation System (CURES) or a contractor working for or with either the DOJ or CURES. This bill also required the removal of records regarding the prescription of mifepristone and testosterone from the DOJ and CURES prior to January 1, 2027.

SB 497 (Wiener), Chapter 497, Statutes of 2025 required warrants for law enforcement requests for patient health care information contained in California's state healthcare database. This warrant requirement includes requests for data pertaining to prescriptions for hormones such as testosterone and other hormones, when they are prescribed pursuant to legally protected health care activity.

AB 2018 (Rodriguez), Chapter 98, Statutes of 2024 removed fenfluramine, which was a Schedule IV controlled substance, from the UCSA.

AB 2589 (Bigelow), Chapter 81, Statutes of 2018 exempted human chorionic gonadotropin (hCG) from the regulations associated with Schedule III controlled substances when possessed, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.

ARGUMENTS IN SUPPORT:

This bill is supported by the *California Pharmacists Association (CPhA)*, who argue: “AB 1778 represents a practical step toward a more cohesive regulatory system that enhances compliance, reduces confusion, and supports pharmacists in delivering high-quality care.”

ARGUMENTS IN OPPOSITION:

None on file.

REGISTERED SUPPORT:

California Pharmacists Association

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Connor Urschel / B. & P. / (916) 319-3301; Edward Franco / B. & P. / (916) 319-3301