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# SENATE COMMITTEE ON PUBLIC SAFETY

Senator Jesse Arreguín, Chair  
2025 - 2026 Regular

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**Bill No:** AB 1778                      **Hearing Date:** June 16, 2026  
**Author:** Patterson  
**Version:** June 1, 2026  
**Urgency:** No                                      **Fiscal:** Yes  
**Consultant:** SJ

**Subject:** *Controlled substances: testosterone*

## HISTORY

**Source:** Author

**Prior Legislation:** AB 82 (Ward), Ch. 679, Stats. of 2025  
AB 1152 (Patterson), Ch. 183, Stats. of 2025  
AB 2018 (Rodriguez), Ch. 98, Stats. of 2024  
AB 527 (Wood), Ch. 618, Stats. of 2021  
AB 2589 (Bigelow), Ch. 81, Stats. of 2018  
AB 1591 (Condit), Ch. 567, Stats. of 1989  
AB 4029 (Condit), Ch. 1033, Stats. of 1986

**Support:** California Pharmacists Association; Drug Policy Alliance

**Opposition:** None known

**Assembly Floor Vote:** 77 - 0

## PURPOSE

***The purpose of this bill is to provide that if testosterone or dihydrotestosterone is removed from Schedule III of the federal Controlled Substances Act and rescheduled to a less restrictive schedule or exempted under federal law, it will be deemed rescheduled or exempted, respectively, under the state Controlled Substances Act.***

*Existing law* classifies controlled substances in five schedules according to their danger and potential for abuse. (Health & Saf. Code, §§ 11054-11058.)

*Existing law* classifies testosterone as a Schedule III controlled substance. Provides an exception when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use. (Health & Saf. Code, § 11056, subd. (f)(30).)

*Existing law* makes the possession of a non-narcotic Schedule III controlled substance a misdemeanor, unless upon the prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, and punishable by imprisonment in a county jail for a period of not more than one year. Provides that a person may instead be sentenced to 16 months, two

years, or three years in county jail if that person has one or more prior convictions for specified offenses. (Health & Saf. Code § 11377, subd. (a).)

*Existing law* 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. (Health & Saf. Code, § 11378.)

*Existing law* makes trafficking of a non-narcotic Schedule III substance a felony subject to imprisonment in county jail for 2, 3, or 4 years. (Health & Saf. Code, § 11379.)

*Existing law* 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. (Health & Saf. Code, § 11379.6, subd. (a).)

*Existing law* makes offering to manufacture, produce, or prepare 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. (Health & Saf., § 11379.6, subd. (e).)

*This bill* provides that if testosterone or dihydrotestosterone is removed from Schedule III of the federal Controlled Substances Act and rescheduled to a less restrictive schedule or exempted under federal law, it will be deemed rescheduled or exempted, respectively, under the state Controlled Substances Act.

## COMMENTS

### 1. Need For This Bill

According to the author:

AB 1778 is about ensuring consistency and clarity in our laws. If the federal government reclassifies testosterone and dihydrotestosterone –critical natural hormones- to a lower schedule, 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.

### 2. Controlled Substances Act

Through the Controlled Substances Act (CSA) of 1970, the federal government regulates the manufacture, distribution, and dispensing of controlled substances. The CSA groups drugs into five schedules with decreasing potential for physical or psychological harm, based on three considerations: accepted medical use; potential for abuse; and, safety or dependency liability. Two goals of the CSA are “to ensure that patients have access to pharmaceutical controlled substances for legitimate medical purposes while also seeking to protect public health from the dangers of controlled substances diverted into or produced for the illicit market.” (Congressional Research Service, *Summary, The Controlled Substances Act: A Legal Overview for the 119th Congress* (Jan. 22, 2025) available at <<https://www.congress.gov/crs-product/R45948>>.)

Consistent with those goals are the CSA's provisions designed to prevent diversion and misuse of controlled substances. (*Id.* at p. 2.) Substances are added to or removed from the schedules through agency action or by legislation. (*Id.* at p. 9.)

California's controlled substances schedules largely follow the federal schedules. (See *People v. Ward* (2008) 167 Cal.App.4th 252, 259 ["In the California Uniform Controlled Substances Act, California adopted the five schedules of controlled substances used in federal law and in the Uniform Controlled Substances Act"]; *Williamson v. Bd. Of Medical Quality Assurance* (1990) 271 Cal.App.3d 1343, 1352, fn. 1. ["Effective January 1, 1985, Schedules I through V of the California Uniform Controlled Substances Act were revised so as to generally parallel the five schedules contained in the Federal Controlled Substances Act."].) The controlled substance schedules are codified in Health and Safety Code sections 11054 to 11058.

- Schedule I controlled substances, such as heroin, ecstasy, and LSD, have a high potential for abuse and no generally accepted medical use.
- Schedule II controlled substances have a currently accepted medical use, with significant risk to patient safety, and have a high potential for abuse and dependence. Schedule II drugs can be narcotics or non-narcotic. Examples of Schedule II controlled substances include morphine, oxycodone, codeine, and amphetamine.
- Schedule III controlled substances have a currently accepted medical use and potential for abuse leading to moderate physical dependence. Examples of Schedule III controlled substances include ketamine and anabolic steroids.
- Schedule IV controlled substances have a currently accepted medical use and low potential for abuse which may lead to limited physical dependence. Examples of Schedule IV controlled substances include benzodiazepines.
- Schedule V controlled substances have a low potential for abuse or dependence. Examples of Schedule V controlled substances include buprenorphine and narcotic drugs containing non-narcotic active medicinal ingredients.

### 3. Testosterone and Dihydrotestosterone

Testosterone is an androgenic hormone that is essential to the development of male growth and masculine characteristics. It is classified as a Schedule III controlled substance under both federal and California law. Testosterone products are FDA-approved solely for use in men who lack or have low testosterone levels in conjunction with an associated medical condition.<sup>1</sup> Current FDA-approved testosterone formulations include oral, topical gel, transdermal patch, buccal system (applied to upper gum or inner cheek), and injection.<sup>2</sup> Testosterone is also widely used as part of gender-affirming hormone therapy for transgender men and some nonbinary individuals, where it is considered a medically necessary treatment by major medical organizations.<sup>3</sup>

Dihydrotestosterone (DHT) is the most potent male sex hormone and is considered a pure androgen because it cannot convert into estrogen.<sup>4</sup> DHT plays a vital role in the sexual development of males, and a deficiency or excess of DHT leads to specific pathologies. As adult

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<sup>1</sup> [https://www.fda.gov/drugs/drug-alerts-and-statements/fda-issues-class-wide-labeling-changes-testosterone-products?aff\\_id=DAPL4&order=ASC&orderby=post\\_date](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-issues-class-wide-labeling-changes-testosterone-products?aff_id=DAPL4&order=ASC&orderby=post_date)

<sup>2</sup> *Ibid.*

<sup>3</sup> <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/books/NBK557634/>

men age, DHT does not play a significant role in their physiology. However, the most notable effects of issues with DHT in adult men are prostate enlargement and male pattern hair loss.<sup>5</sup>

Testosterone, DHT, and other anabolic steroids are associated with non-medical use, particularly in athletic performance enhancement and bodybuilding. The U.S. Drug Enforcement Administration (DEA) has identified anabolic steroid misuse, including testosterone, as a persistent concern due to risks of cardiovascular harm, liver damage, and hormonal disruption.<sup>6</sup> Additionally, the World Anti-Doping Agency prohibits testosterone and DHT use in competitive sports due to potential misuse for its performance-enhancing effects.<sup>7</sup>

Testosterone is currently included in Schedule III of the controlled substance schedules. This bill provides that if testosterone or DHT is removed from Schedule III of the federal Controlled Substances Act and rescheduled to a less restrictive schedule or exempted under federal law, it will be deemed rescheduled or exempted, respectively, under the state Controlled Substances Act. As such, obtaining testosterone or DHT would still require a prescription but it would be subject to fewer restrictions and regulations. For example, prescribers and dispensers would no longer be mandated to report their prescribing and dispensing activities to the state's prescription drug monitoring program. Criminal liability for possession, possession for sale, manufacturing, etc. of a non-narcotic Schedule III substance without a prescription would also no longer apply.

#### 4. Argument in Support

The California Pharmacists Association writes:

AB 1778 ... promotes alignment between federal and state-controlled substance laws, which is critical for safe, efficient, and consistent pharmacy practice.

Pharmacists in California must comply with both state and federal requirements. When controlled substance schedules are not aligned, even temporarily, it can create confusion about which rules apply, including prescribing limits, storage and security, and recordkeeping. This increases the risk of inadvertent noncompliance, potential enforcement issues, and operational challenges.

By ensuring that California law automatically conforms if federal law reclassifies or exempts testosterone from Schedule III, AB 1778 helps eliminate these inconsistencies. This alignment reduces administrative burden, streamlines workflow, and allows pharmacists to focus more on patient care rather than navigating conflicting regulatory frameworks.

More broadly, CPhA supports efforts to modernize and better align controlled substance scheduling to reflect evolving clinical evidence and federal determinations. 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. While the bill is limited to testosterone, CPhA would prefer that this approach be applied more broadly to ensure consistent alignment across all controlled substances.

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<sup>5</sup> *Ibid.*

<sup>6</sup> <https://www.dea.gov/factsheets/steroids>

<sup>7</sup> <https://www.wada-ama.org/en/prohibited-list>