CONCURRENCE IN SENATE AMENDMENTS
AB 1778 (Patterson)
As Amended June 1, 2026
Majority vote

SUMMARY

Removes or reclassifies testosterone or dihydrotestosterone from Schedule III of California's Uniform Controlled Substances Act (UCSA), contingent upon either of those substances being removed or reclassified to a less restrictive schedule pursuant to federal Controlled Substances Act (CSA).

Senate Amendments
1) Extend the bill's provisions to include dihydrotestosterone.

2) Provide that a substance is only automatically reclassified if the federal change was to a less restrictive schedule under the CSA.

COMMENTS

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 though 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 federal Food and Drug Administration (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 News[1], 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 UCS 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.

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[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/

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 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 federal action to deschedule or change to a less restrictive schedule.

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."

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
There is no opposition on file.

FISCAL COMMENTS

Pursuant to Senate Rule 28.8, negligible state costs.

VOTES:

ASM BUSINESS AND PROFESSIONS: 19-0-0
YES: Berman, Johnson, Addis, Ahrens, Alanis, Bains, Aguiar-Curry, Caloza, Chen, Elhawary, Hadwick, Haney, Hart, Irwin, Jackson, Lowenthal, Macedo, Nguyen, Pellerin

ASM PUBLIC SAFETY: 9-0-0
YES: Schultz, Alanis, Mark González, Haney, Harabedian, Lackey, Nguyen, Ramos, Sharp-Collins

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Hoover, Aguiar-Curry, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa
ABS, ABST OR NV: Arambula

ASSEMBLY FLOOR: 77-0-3
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Arambula, Flora, Celeste Rodriguez

SENATE FLOOR: 37-0-3
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Alvarado-Gil, Richardson, Rubio

UPDATED

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CONSULTANT: Edward Franco / B. & P. / (916) 319-3301 FN: 0003309