

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 1785 (Hoover) – As Introduced February 9, 2026

SUBJECT: California Uniform Controlled Substances Act: online retailer.

SUMMARY: Expands the definition of “retail distributor” under the Uniform Controlled Substances Act (UCSA) 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.

EXISTING LAW:

- 1) Establishes the UCSA, 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) Requires that any manufacturer, wholesaler, retailer, or other person or entity in California that sells, transfers, or otherwise furnishes PSE medications, or PSE compounds, to any other person or entity shall submit a report to the California Department of Justice (DOJ) of all of those transactions. (HSC § 11100(a))
- 3) Requires that any person or entity in California selling, transferring, or otherwise furnishing any PSE medication to another person or entity to obtain a letter of authorization and proper identification from the purchaser, as defined. (HSC § 11100(c))
- 4) Requires that any person or entity who sells or transfers PSE medications to another person or entity submit a report to the DOJ containing information related to PSE medication transactions, including purchaser identification information, within a specified timeframe. (HSC § 11100(d))
- 5) Exempts PSE medication transactions that are lawfully sold over the counter without a prescription so long as the PSE medication is in solid or liquid form, and an individual transaction does not involve more than three packages, or nine grams, of a PSE medication. (HSC § 11100(e)(6))
- 6) Makes failure to submit required transaction reports a misdemeanor subject to imprisonment for up to either six months for a first offense, or one year for a second offense, and a fine of up to \$5000 for a first offense, or \$100,000 for a second offense. (HSC §11100(f))
- 7) Makes it unlawful for any person or entity to furnish a PSE medication to a person under 18 years of age. (HSC § 111100(g))
- 8) Defines “retail distributor”, for purposes of PSE distribution reporting and permitting requirements, as an entity that meets all of the following requirements:
 - a) Is a grocery store, general merchandise store, drugstore, or other related entity,

- b) Is limited in their role as a PSE distributor to exclusively sell PSE medications for personal use, both in volume and number of sales, and
- c) Sell directly to customers via walk-in or face-to-face transactions.

(HSC § 11100(h)(5))

THIS BILL:

- 1) Expands the definition of “retail distributor,” for purposes of PSE distribution reporting and permitting requirements, to also include “an online retailer.”
- 2) Clarifies that the sale of PSE medications for personal use by a retail distributor can be facilitated via direct in-store sales, or online sales fulfilled via delivery, in-person pickup, or curbside pickup.
- 3) Makes technical amendments related to gender-neutral language.

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

COMMENTS:

Purpose. This bill is sponsored by the *Consumer Healthcare Products Association*. According to the bill’s author:

This bill allows for the online sale of Pseudoephedrine (PSE) medications while maintaining all federal and state mandated security restrictions. Online retailers would still be required to validate a person’s identity to ensure they have not already purchased their legally allowable maximum of PSE.

Background.

PSE Medications. Pseudoephedrine is a central nervous system stimulant that serves as an effective nasal decongestant and sinus reliever, and is primary ingredient in many allergy and cold medications. There are derivatives and alternative formulations of pseudoephedrine, including ephedrine, norpseudoephedrine, and phenylpropanolamine, which have similar therapeutic effects. These drugs, also called “PSE medications”, have many therapeutic uses and are commonly used to treat allergies, cold symptoms, asthma, and obesity, and other respiratory ailments. It is typically administered either orally or via injection. . Popular PSE medications on the consumer market include “Sudafed,” “Claritin-D,” and “Mucinex D.” In addition to their many therapeutic uses, PSE medications are chemical precursors to methamphetamine, a Schedule II controlled substance under both the federal Controlled Substances Act (CSA) and California’s UCSA. As a result, there are a number of state and federal laws which regulate the manufacture, distribution, sale, possession, and usage of PSE medications.

Ephedrine and Controlled Substance Regulation. Both the federal CSA and California’s USCA classify controlled substances into one of five schedules, and largely mirror one another. 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 scheduled according to the drug’s potential for abuse and harm. The federal CSA also classifies certain chemicals that, while not designated as controlled substances under the CSA’s drug schedule,

have been identified as precursors for the manufacture of scheduled drugs. Chemicals included on List I of the CSA have legitimate medical uses but are also crucial ingredients to the manufacture of other drugs included on the CSA's controlled substance schedule. California maintains its own controlled substance schedule under the UCSA. Like the Federal CSA, California's UCSA also contains a list of precursor chemicals which, although not scheduled, are subject to a number of restrictions due to their potential use in the manufacture of more egregious controlled substances.

Regulation of PSE Medicines in California. In California, PSE medications are not a scheduled substance, but they are listed as precursor chemicals under the UCSA. As such, PSE medications are subject to a number of regulations concerning their manufacture, distribution, sale, furnishing, possession and usage. Additionally, PSE medications are considered "List I" substances under the federal CSA.

Many of the recordkeeping, age verification, and distribution limit requirements related to PSE medications resulted from the passage of the Combat Methamphetamine Epidemic Act (CMEA) by the federal government in 2005. Recognizing the potential for PSE medications to be used in the illegal manufacture of methamphetamine, this act established controls on the manufacture, distribution, sale, furnishing, and possession of PSE medications, including reporting requirements and minimum age limits. Specific to retail distributors of PSE medications, the CMEA required that they ensure customers are not furnished with more than three packages, or nine grams, of a PSE medication within a 30-day period. Further, retail distributors must ensure customers purchasing PSE medications are at least 18 years of age. Many of the requirements set out by the CMEA are mirrored in California's USCA, and they helped shape subsequent California legislation concerning PSE medications.

Currently, PSE medications can only be lawfully sold by in California by retail distributors who register with the Department of Justice and make periodic reports to the department containing information about PSE medication sales. Additionally, "retail distributors" are limited to a grocery store, general merchandise store, drugstore, or other related entity that sells PSE products directly to consumers. However, online retailers are currently not included under this definition of retail distributor and as a result, are not able to sell PSE medications in California.

As a result, the author and sponsors have put forward this bill to include "online retailers" under the wider definition of "retail distributor" under the USCA for purposes of selling PSE medications, and would clarify that such sales can occur either directly in-person, or online via direct delivery to the consumer, in-person pickup, or curbside pickup. Consumers purchasing from an online retailer would still be subject to the same monthly transaction limits as physical retailers and would be subject to the same age verification requirements. Furthermore, online retailers would still be required to retain and report transaction information to the DOJ relevant to PSE medication sales.

Current Related Legislation. AB 1778 (Patterson) would remove or reclassify testosterone from Schedule III of California's UCSA, contingent upon it being removed or reclassified pursuant to federal CSA. *This bill is pending in this committee.*

AB 2030 (Lowenthal) would prohibit the sale, offer of sale, or delivery of an over-the-counter weight loss or diet supplement, including those containing ephedrine group alkalids, to any person 18 years or younger, and would institute an ID check when purchasing certain diet and weight loss supplements. *This bill is pending in the Assembly Judiciary Committee.*

Prior Related Legislation. SB 1144 (Strickland), Chapter 867, Statutes of 2012, a public safety omnibus bill, made several substantive and technical changes to the Health and Safety, Labor, and Penal codes, including technical changes to the California UCSA.

AB 162 (Runner), Chapter 978, Statutes of 1999 made sale of more than three packages or more than 9 milligrams of ephedrine or related substances by a retail distributor a misdemeanor.

ARGUMENTS IN SUPPORT:

This bill is sponsored by the *Consumer Healthcare Products Associations (CHPA)*, who writes: “By permitting online sales of popular pseudoephedrine (PSE)-containing products — including Sudafed, Claritin-D, Allegra-D, Mucinex-D, Zyrtec-D, and more — this bill would make it easier for consumers to obtain some of the most reliable and effective treatments available for cold, allergy, and sinus symptoms.”

ARGUMENTS IN OPPOSITION:

None on file.

REGISTERED SUPPORT:

Consumer Healthcare Products Association (*Sponsor*)

REGISTERED OPPOSITON:

None on file

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