Date of Hearing: April 29, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 2489 (Lowenthal) – As Amended April 9, 2026

Policy Committee: Health Vote: 16 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill establishes, until January 1, 2032, the California Veterans' Right to Try Act (Act). The bill authorizes the Research Advisory Panel (RAPC) to submit one or more investigational new drug applications to the U.S. Food and Drug Administration (FDA), for approval of a multisite clinical trial of psilocybin, ibogaine, or other Schedule I or Schedule II controlled substances, among a patient pool composed exclusively of veterans with conditions associated with suicidality among veterans.

FISCAL EFFECT:

The California Department of Justice (DOJ), which provides administrative and legal support to RAPC, states this bill could have unquantifiable but potentially significant General Fund costs.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around $35 billion per year in the 2027-28 fiscal year and ongoing.

COMMENTS:

1) **Purpose.** According to the author:

> In California, veterans die by suicide at more than double the rate of other Californians. Yet the veterans most at risk, those carrying [post-traumatic stress disorder (PTSD)] alongside depression, substance use disorders, or a traumatic brain injury, are routinely disqualified from clinical trials that could help them, simply because their conditions are too complex under strict eligibility rules.
>
> AB 2489 addresses this gap. By authorizing California's Research Advisory Panel to seek investigational new drug approval from the U.S. Food and Drug Administration, the bill opens a pathway for our most vulnerable veterans to access critical research they are currently denied, while generating the data urgently needed to confront this crisis.

2) **Background.** ***Addressing Veterans' Behavioral Health.*** Veterans make up 13% of the suicides in the nation – in 2013, an average of about 17.5 veterans committed suicide per day. Among veterans in Veterans Health Administration (VHA) care who died from suicide

in 2023, 61% had a VHA mental health or substance use disorder diagnosis.

In 2024 the U.S. Department of Veterans Affairs (VA) announced it would fund a five-year, approximately $1.5 million study on Methylenedioxymethamphetamine-assisted, or MDMA-assisted, therapy for PTSD and alcohol use disorder among veterans. This is the first VA-funded study for psychedelic-assisted therapy since the 1960s. Several military-focused news websites reported in 2025 that the studies would be expanding to nine additional sites, including Los Angeles, Palo Alto, San Diego, and San Francisco.

Another VA study, Psilocybin Intervention for Veterans Overcoming Treatment-Resistant Depression (PIVOT) is a multi-site randomized controlled trial to evaluate the efficacy and risks of psilocybin for use in treatment-resistant depression in male and female veterans with and without concurrent PTSD. The study is slated to start on June 1, 2026.

RAPC. Research entities seeking to conduct research projects concerning cannabis or hallucinogenic drugs in California must submit their research proposals to RAPC prior to receiving a federal Drug Enforcement Administration (DEA) license to use controlled substances in a research project. Such research entities may be affiliated with public or private research universities, private pharmaceutical companies, or drug manufacturers. RAPC evaluates the scientific validity of each proposed project. Members of RAPC are experts in their fields, appointed by the Governor, the Department of Public Health, the State Board of Pharmacy, the University of California, a statewide professional medical society, a private medical university, and the Attorney General. DOJ provides administrative and legal support to the RAPC. RAPC's work complements a regulatory approval process that includes institutional review boards (IRBs), FDA, and DEA review of research studies using Schedule I and II controlled substances, or that involve new treatments for misuse of substances, such as fentanyl and other opioids.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081