ARGUMENT AGAINST
PROPOSITION 38

Argument Against Proposition 38: California Immunology Medical Research & Cures Initiative

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California recognizes that continued investment in science is essential. But this proposition is not the best way to achieve that goal.

The measure would authorize approximately $8.4 billion in state borrowing to support immunology and immunotherapy research through a new University of California institute. Although the objective is appealing, the financing and policy framework are flawed.

First, the proposition continues the use of ballot initiatives to direct research funding toward selected topics. California has already created separate funding programs for stem cell research and precision medicine. This measure would add another highly focused program. Research priorities should be established through scientific review and public health planning—not by election campaigns. Cancer, Alzheimer's disease, and heart disease deserve attention, but so do mental illness, kidney disease, eye diseases, and many other conditions. Ballot-box science inevitably favors the most visible topics rather than the greatest scientific opportunities or public health needs.

Second, borrowing is an inappropriate way to finance scientific research. According to the Legislative Analyst's Office, the bonds authorized by this measure would obligate taxpayers to $500 million in annual debt payments for about 25 years. Bonds are commonly used for highways, schools, and other long-lived infrastructure with predictable benefits. Scientific research is different. Discoveries often require decades before they improve patient care, and many promising lines of investigation never produce marketable treatments.

Third, the proposition assumes that successful discoveries will generate revenues to offset state costs. In reality, universities rarely commercialize new therapies on their own. Publicly funded research lays the scientific foundation, but private companies typically invest the far greater resources required for product development, clinical testing, manufacturing, and regulatory approval. The public benefits are real, but they generally do not flow back to the state treasury.

Finally, the proposition requires certain therapies developed with state support to be sold in California at discounted prices. While this may sound attractive, it could incentivize companies to prioritize selling these products in other states where the prices are not controlled.

California should continue to support biomedical research. But research funding should be strategic, flexible, and fiscally responsible. Decisions about scientific priorities should be based

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on expert evaluation of emerging scientific opportunities and public health needs, not on a series of expensive ballot measures financed through long-term debt.

California has better options. For example, Senator Scott Wiener has proposed creating a state-funded research agency modeled on the National Institutes of Health and the National Science Foundation. Rather than directing resources to specific areas of science, such an institution could establish priorities through expert scientific review and adapt its investments as new opportunities emerge. Although the legislation has not advanced, it received support from the University of California, the United Auto Workers, and the Union of American Physicians and Dentists. Similar legislation is likely to be considered in the future.

A "No" vote does not reject science. It rejects an inefficient financing mechanism and a fragmented approach to setting research priorities. California can and should support medical research through more coordinated, sustainable policies.

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