Minutes of the Independent Citizen's Oversight Committee (ICOC) *to the* California Institute for Regenerative Medicine (CIRM)

Meeting on March 1, 2005

STANFORD UNIVERSITY
Fairchild Auditorium
291 Campus Drive, Stanford, CA 94305

OPEN SESSION

Agenda Item #2
Spotlight Presentation on Cystic Fibrosis.

Following an introduction from ICOC member Joan Samuelson, presentations on Cystic Fibrosis and the experiences of Cystic Fibrosis patients were given by the following:

- *Dr. Richard Moss, Professor of Pediatrics and Chief, Pediatric Pulmonary Division, Stanford University School of Medicine*
- *Robin Modlin, mother of Cystic Fibrosis patient Anna Modlin*
- *Anna Modlin, Cystic Fibrosis patient*
- *Isa Stenzel-Byrnes, Cystic Fibrosis and lung transplant recipient*

Roll Call

David Baltimore	Present
Robert Birgeneau	Present
Keith L. Black	Absent
Susan V. Bryant	Present
Michael A. Friedman	Present
Michael Goldberg	Present
Brian E. Henderson	Present
Edward W. Holmes	Present
David A. Kessler	Present
Robert Klein	Present
Sherry Lansing	Present
Gerald S. Levey **Surrogate: Dr. Roberto Peccei**	Present
Ted W. Love	Present

Richard A. Murphy	Present
Tina S. Nova	Present
Ed Penhoet	Absent
Philip A. Pizzo	Present
Claire Pomeroy	Present
Phyllis Preciado	Present
Francisco J. Prieto	Present
John C. Reed	Present
Joan Samuelson	Present
David Serrano Sewell	Present
Jeff Sheehy	Present
Jonathon Shestack	Present
Oswald Steward	Present
Leon J. Thal	Present
Gayle Wilson	Present
Janet S. Wright	Present

Agenda Item #5
Informational Presentation on Standards and Guidelines for Protections and Ethics by Alta Charo, Elizabeth Wilson Professor of Law and Bioethics at the University of Wisconsin at Madison.

One of the things the ICOC and CIRM are required to do by Proposition 71 is to spay attention to human subject protections.

For Embryonic Stem Cell Research, human research subjects include:

- Somatic cell donors
- Egg donors
- Sperm donors

Surplus Embryo Donors (from the IVF process)

With embryo collection from clinics, you don't need human subject protection since names are not associated with the collected embryos. The only interaction with donors is in asking for consent to use an existing embryo. If the embryo will be managed in a way that does not reveal personal details about a donor's identity or medical information, then these embryo donors are not considered research subjects.

Not being considered research subjects means embryo donors would be exempt from many of the federal rules governing research with human subjects.

Embryo donation will likely be the most common form of collecting biological materials for the generation of new cell lines, so it's important to make sure we're clear on this particular application of federal rules.

Information Management

Managing information is key. You need sufficient coding and confidentiality, but no personal identification.

Subject rules come into play when you study donors as people. When you are studying just cells, no human subject rules need to be followed.

As soon as personal identities of donors become readily ascertainable, then the act of collecting embryos puts you functionally in a position to be study the particular donors. In this situation, donors must be treated as research subjects.

The ICOC is in a position to make a decision on the following:

Shall you follow the federal research subject protections only, or shall you supplement them by requiring research protections for all embryo donors regardless of whether they technically meet the definition of research subject?

How to ensure clinical experience is unaltered by the possibility of leftover eggs/embryos being used for research:

- No mention of donation until after successful fertilization – is this wise? No, it's problematic.
- Israeli guidelines say to mention all possibilities at onset
- Actual consent must be at the last minute, after it is known if the treatment was successful

Informed Consent

What do we need to require?

Consent is in many ways taken care of by state law. As a matter of state law, you can't take embryos donor consent, whether grounded in family law, property law, quasi-property law or any other common law theory as yet unarticulated. Legal status of embryos varies from state to state.

While consent processes have been developed by several organizations – giving us examples to follow -- there is currently no position on the following items:

- From whom does consent have to be sought?
    - Donation is usually anonymous so it's hard to identify original gamete information

- If people donated gametes for reproductive purposes do you need to contact them again about using their donated tissue for research?
    - There is much discussion but no single answer for this nationally
    - Notice regarding donor is to accompany stem cell lines, but be kept separately from donor's identification.

- Do you ask donors whether they wish to be contacted subsequently?
    - If you do and they say "no", what if something genetically important to the donor is discovered?
    - Some people don't want the information; some want it all and want to manage it themselves – there's no one answer.

- Policies are in place at tissue banks – there are many examples on either eliminating the chance of re-contact or processes by which to carry out re-contact.

- How much must be told to donors about research usage?

  - Human/non-human combinations raise eyebrows and violate some people's idea of what is OK.
  - Can you use a stem cell line for research not specifically noticed to the donor?
    - This has to be ironed out before you can put a consent process in place

Reimbursement

- What are "reasonable" expenses?
  - You need a person to make the judgment call

- Do we reimburse for lost time at work or lost wages?

- Can donors be given any discounts? In-kind reimbursement should be specified along with cash reimbursement.

Existing Laws vs. Org Policies

- Sometimes there are criminal and other laws that will trump policies/rules developed by an organization.

- HIPPA privacy rule bans disclosure of medical information without patient consent
  - Makes it impossible to send information on donors – but has exceptions:
    - You can get donor authorization
    - Sufficient encoding/obscuring makes it OK
- Questions to ask ourselves:
  - Do we feel a need to add to existing federal regulations?
  - Will you want the CIRM and ICOC to coordinate compliance with IRB and HIPPA regulations?

International Rules/Regulations

- Interaction of US privacy rules and EU/European privacy rules/protections

  - "European Data Directive": European countries will prohibit transmission of data that is protected unless it is going to a nation with a similar level of privacy protection in place
  - Even with HIPPA and IRB rules, the US doesn't have adequate protections for Europeans yet – what are we lacking from their perspective?

- What is the number of days of existence past which you can't do research on an embryo?
    - 14? 12? 8?
    - The 14 day/primitive streak restriction originated In the 1980s in the UK.

Standard Setting

- Will standards be a uniform directive for all CIRM funding, or will we set bands of decision making for local IRBs?
    - There can be local variation and some autonomy for institutions

- The National Academies are working to develop a national guidelines model for stem cell research
    - Joint project of The National Institute of Medicine and the National Research Council to be published this April
    - There will be a convergence of loyalties:
        - NAS started months ago; review will be made public;
        - Review to achieve balance – it will have been vetted, but it will be useless if it is not adopted
        - CIRM is the $300 million/year gorilla – should use NAS guidelines to develop own guidelines
            - CIRM use will give force to use of NAS guidelines -- mutual advantage

- Chairman Klein clarifies re. Prop 71 Standards requirements: Prop 71 requires that interim regulations be put in place and that there will be 270 days of public hearings to get feedback. We would get input from NAS on the feedback from Californians as well.

- This is not an impossible task – there are many examples to use as starting points when developing framework:

    - NAS guidelines
    - University of Wisconsin – not quite as developed
    - JDRF
    - Other nations:
        - Israel
        - UK
        - Singapore

- Chairman Klein: The Institute will have an advisory committee on standards – the Scientific and Medical Standards Working Group – which will be dynamic and keep looking for new information as things change.

Developing New Stem Cell Lines

- It is our charge to determine how to develop new stem cell lines and by what means
- In general, we don't limit lab research in the US

Q&A

- Q from Dr. Kessler: What triggers FDA's jurisdiction when end product is used in humans with regard to regulation of biologics?

  A: If end product transferred into humans, then human subject rules come into play. So biologics must be regulated by the FDA. Regulation kicks in when get to transplant, but then it is retroactive.

  Dr. Kessler: Stem cells will be used to prevent disease – triggers individual also: anytime grantees' products are going into humans, it will trigger FDA regulations.

  Ms. Charo: If using "biologics" then public disease act is in play – skin bandage made of cell material is a biologic or could be. Researchers don't have to go to the FDA at the outset, but if don't anticipate FDA regulation, this may limit usefulness of stem cell line in future.

- Q from Dr. Steward: Doc 125300 CA Safety Code – as we think about this, to what extent does ambiguity lend itself to potential violation?

  A: Need a common understanding of CIRM & Non-CIRM research; there's a committee in place to do this.

  Follow up Q: We have a law regarding the use of human embryonic stem cell research in CA, but the CIRM research will not be regulated by this law

  Chairman Klein statement in response to follow up question: The lack of stability in funding and standards for the past 25 years has led to a lack of intellectual capital in the pipeline. We need standards that are stable and won't change every 2 years when elections occur. STABILITY of standard regulations and funding are important.

  Ms. Charo: Permanent standards allow planning of otherwise impossible projects. Working in stem cell research won't be attractive if people are afraid research will be shut down or standards changed in a way that renders their previous work useless.

- Q from Dr. Prieto: The importance of clinical applications is that they can mandate more general standards. It seems like a bank would become standard for stem cells. Who funds and maintains the bank?

  A: Virtual stem cell bank – collaborating with Europe and Asia. Quality control maintenance of biological material, informational privacy rules. Financing: not the US government.

  Dr. Friedman: we need to set the bar; facilitate careful tracking.

Public Comments/Questions

- Marcy Darnovsky/Center for Genetics and Society
  - Great presentation
  - I would like to see Standards Working Group meetings held as open, public meetings
  - Women's health: protection is needed; level of risk and lack of data are important to consider.

Chairman Klein responds: only reimbursement for expenses will be provided to donors – no compensation.

- Don Reed
  - It's amazing how open the CIRM/ICOC process is and has been thus far

Agenda Item #6
Approval of minutes from February 3, 2005 ICOC meeting

Tabled.

Agenda Item #7
Informational Presentation by Controller Steve Westly on fiscal oversight and accountability: Consideration of best practices and State Controller Steve Westly's recommendations to the ICOC in establishing fiscal and performance measurement.

Steve Westly

- Salute to all ICOC members
- Openness, Trust & Accountability: there's some debate on all this. I'm here to help make sure we do what we can for openness.
- We're here to make sure the right processes are in place from the very beginning, including audits and reviews
- We need to set performance goals

- The world is watching, other states and nations will imitate what we're doing – let's get it right here first
- We have committed the most senior financial accountability expert in state government to the CIRM – Walter Barnes, with 39 years of service.
- As Controller, I'm the State's chief fiscal officer and primary auditor, and I pay the state's bills.
- My staff is reviewing best practices at research institutions around the world and will share this information with the ICOC.
- I'd like to introduce Vince Brown, the COO at my office. Before coming to my office, he oversaw a group of 3,000 people at Calpers. He's a professional administrator and an expert in the audit area.

Vince Brown

- First convening of the Oversight Committee will be in 2006, depending on when the CIRM's first financial audit is completed.
- The Committee's primary role is to review that annual financial audit, and review the State Controller's annual report of that audit, as well as reviewing the financial practices of the institute.
- We're working closely with Walter to make sure the CIRM's internal controls are in place.
- To assist the ICOC, we've identified best practices of the National Science Foundation, the Stem Cell Research Foundation.
- We want to set clear standards so public can see what returns the state of California is getting from this.

Chairman Klein comments

- We've had an extraordinary level of cooperation from the Controller's office.
- They've been our true partners, invested time to learn this area.
- Best Practices model – running test audits

Board Questions/Comments

- Dr. Ted Love:
    - The CIRM will be the company being audited, and the Controller's office will be the external auditor. Would the ICOC then have a subcommittee that would be run as an audit committee?

- Chairman Klein response: we have the charge of getting an independent audit done, and then we have the extraordinary response of Controller Westly chairing an Oversight Committee that reviews the independent audit and tests the issues of financial accountability and performance in a public hearing. It is an unprecedented second level of oversight with the

Oversight Committee convening a public hearing and publishing a report every year.

Public Comments/Questions

- Charles Halpern:
  - 3% cap for CIRM operating budget: it would be reassuring for the public if we had a look at the operating budget that had been discussed and approved by the ICOC.
  - Structure of CIRM is a concern: pending litigation in the Supreme Court challenges the constitutionality of the governing structure. Do you foresee that those pending constitutional challenges will have an impact on the salability of the bonds which will fund the grant program?
- Response from Vince Brown: I can't comment on the litigation. The challenges seem to be without merit and likely won't affect the bonds. I cede to Mr. Klein on Presidential appointment and budget.
- Response from Chairman Klein: We're working on appointing a President. We want this CEO of the Institute to be involved in developing and approving budget & personnel policies. We have the internal guidance of Walter Barnes helping with the budget right now.

- Public Comment: OMB oversight – Government Performance and Results Act
  - NIH has to report on progress and success
- Response from Chairman Klein: We are developing an Interim structure, and then with the new President we'll have the opportunity to create a strategic plan for the CIRM and determine performance objectives for economic and strategic results.
- Response from Steve Westly: It is the charge of the ICOC to come up with a strategic plan
  - Audits: we'll make them as clear as we can to ensure public trust regarding how the money is being spent and also performance.
  - Public covenant: the public took a risk
    - We'll learn from best practices around the state
    - We'll put fair standards in place

CLOSED SESSION

Agenda Item #8
Personnel: (Government Code section 11126, subdivision (a); Health & Safety Code section 125290.30(d) (3) (D).) Consideration of Candidate for Interim President for the California Institute for Regenerative Medicine.

OPEN SESSION

Agenda Item #9
Consideration of appointment of Interim President and compensation.

Under discussion as a result of the closed session is the hiring of Zach Hall as Interim President & Senior Scientific Advisor.

- Salary is under discussion at $389,004

Motion

- Dr. Richard Murphy moves that the ICOC hire Zach Hall as Interim President & Senior Scientific Advisor of the CIRM at a salary of $389,004
- Dean Pizzo seconds this motion.

Board Discussion

- Dr. Baltimore: I've known Zach for decades. He has a remarkable set of qualifications for this job. He's a well known scientist himself, he's led a National Institute at the National Academies, and he's done high level work at USC and UCSF.
    - We're lucky he is willing to take this interim position
    - The salary offered is commensurate with his experience
- Dean Pizzo: concurrence

Public Comment

- Charles Halpern:
    - Issue with salaries
    - NIH Standards are key for the Chair, Vice-Chair, President and Interim President
- Don Reed:
    - The salary being offered Zach Hall is totally acceptable
    - This is a different role than going to an organization where the job is well defined
    - We're asking Dr. Hall to help build a new Institute, a model for the nation

Vote

- All board members in favor
- No opposition
- Motion carries
- Chairman Klein reports that ICOC member Jon Shestack had to leave, but is in full support of the hiring of Zach Hall as decided by the vote.

Agenda Item # 17 – ITEM MOVED UP AND DEALT WITH AT THIS POINT IN MEETING
Consideration of status report from Presidential Search Subcommittee, including CIRM President job summary and criteria and executive search process timeline.

Board Discussion

- Dr. Murphy: there were changes the Committee recommended in meeting yesterday – those are not included in the document we're looking at here.
    - We made changes to the section on Ideal Experience and Critical Competencies for Success
- We need the updated document from SpencerStuart
- Dr. Baltimore: the document doesn't matter that much – it doesn't affect the candidates you get. I suggest we delegate the authority to the Subcommittee to finalize the document and bring the job criteria back to the ICOC at the next meeting.
- Dr. Bryant: we'd like to get input from the rest of the board in the next 2 weeks
    - We can send changes to the board – the updated doc
- Dean Pizzo: can we expand teleconferences to more sites?
- Response to Dean Pizzo's query: we can have other Institutions serve as locations as long as each one has a staff member.
- Locations/Board Members agreeing to add their venue as a teleconference meeting location, staffing with own staff when necessary:
    - USC/Dean Henderson
    - Sale/Dr. Murphy
    - UC Irvine/Dean Bryant
    - Stanford/Dean Pizzo
    - UCSD/Dean Holmes
    - City of Hope/Dr. Friedman
    - Caltech/Dr. Baltimore
    - UC Davis/Dean Pomeroy
    - Nuvelo/Dr. Love
    - Burnham/Dr. Reed
    - UCLA/Dr. Levey
    - Sherry Lansing

Back to discussion of Presidential Search Subcommittee:

- Discussion about Spencer Stuart continuing to build long list
- Dr. Baltimore moves that board let Spencer Stuart continue building long list while the ICOC modifies the job description
- Dr. Wright seconds

Public Discussion

- Charles Halpern:
  - At the last Presidential Search Subcommittee meeting there was no quorum, it was just a discussion – no committee action
  - We need a candidate without conflicts of interest
  - $400K is the floor according to SpencerStuart – but the Interim President came for less; you need to adjust the floor
  - People will be attracted because the job is desirable
  - Current description describes a COO role; makes it clear Chair is in charge
  - Take the opportunity to make Presidential job more broad, not a #2 position

Vote

- All in favor
- No opposition
- Motion carries

Agenda Item # 11
Consideration of delegation of authority to Chair to respond to requests made pursuant to Article 5 of the Government Code (commencing with section 11340), including the petition filed by Charles Halpern and Philip R. Lee.

The board discussed the manner in which it would respond to a petition filed by Charles Halpern and Philip R. Lee.

- James Harrison: Petitioners submitted a petition pursuant to a provision in the administrative procedure act, which permits a citizen to request a state agency to adopt regulations. The code requires that the agency respond in writing on the merits of each of petitioners' seven proposed regulations within 30 days.
- Chairman Klein: It is the desire of the ICOC to move forward in a judicious way in a manner that allows the members of the board to consider these issues in a public forum. We will respond to the petition by the 30 day deadline, which will be March 16. We would like to hold public meetings to discuss each item. The interim solution would be to delegate authority to the Chair, Vice Chair and President to respond to the petition on the board's behalf.
- Henderson motion: Refer this item to the Chair (or VC and President) to formulate a response, and delegate authority to Chair in the interest of being both complete and responsive.
- Prieto: There are some substantive points on which we should seek the input of the committee.

- Pizzo: Conflict of Interest is an important and complicated topic. We need to have thoughtful discussion of the NIH guidelines.
- Serrano-Sewell: We will respond to these issues in a deliberate and forthright manner. Chairman Klein will provide a thoughtful, careful analysis based on the merits.

Public Comments

- Halpern: Seven other organizations have joined petition in whole or in part since initial filing. The ICOC should today appoint a subcommittee to meet with Lee/Halpern and others who supported the petition and also put out a public notice so that other people who want to speak to any of the seven points raised in the petition also have an opportunity to participate.

- Susan Fogel, Pro-Choice Alliance for Responsible Research: The ICOC agreed to serve the public, not to delegate discussions to behind closed doors, but to have a public discussion of the petition and of the issues that are raised in it. No money should go out the door until these foundational issues are resolved.

- Raymond Barglow, Stem Cell Action Network: The law places full authority for implementation squarely in the hands of the ICOC, whose members are publicly appointed and entrusted with implementation. We are concerned about the effort on the part of a few critics who have appointed themselves guardians of the public interest to shape institute policies and we're dismayed by the massive publicity campaign of misinformation that these critics have launched to discredit the institute. They are at odds, we believe, with the institute mission, which is to advance stem cell research and find effective treatments for devastating illnesses.

- Jesse Reynolds, Center for Genetics and Society: This is not an attempt to stop embryonic stem cell research. We want it to be done right. Any effort to take these issues and move their discussion behind closed doors is a disservice to the petitioners.

Board Discussion

- Chairman Klein: The intent is to have public meetings on these issues with sufficient notice so that the entire public has an opportunity to participate. Furthermore, the law makes it very clear that we cannot have research grants without standards in place.
- Dr. Reed: Setting up additional committees creates delays. I question the validity of delays when people are suffering now.
- James Harrison: If the board delegates to the chair, the chair has inherent authority to work with the president to respond, so delegation should be solely to the chairperson.

- Dr. Friedman: Modification to Dr. Henderson's motion. I would like to suggest that the ICOC recognize that these are important topics and make a decision that our formal response will be that we will lay these out in public meetings. We will not dispense funds for grants until these policies are explicitly dealt with. We will hold properly noticed and prepared-for public discussions to address the issues raised in this petition. We give Chairman Klein discretion to work with counsel to formulate a timely and substantive response to this petition on its merits.

Vote on amended motion: Public hearings will be held on topics raised in the petition. In the meantime, authority delegated to Chairman Klein to respond to the petition on the merits.

- All in favor.
- No opposition.
- Motion passes.

Agenda Item # 10
Consideration of Conflict of Interest Code for ICOC Members and CIRM staff, Conflicts Policy for ICOC Members and Incompatible Activities Statement for CIRM Staff.

Chairman Klein stressed the importance of putting in place a Conflict of Interest policy for CIRM employees, and consider ideas for a Conflict of Interest policy for the ICOC at the next meeting. He pointed out that the ICOC has already, in filing Form 700, addressed the disclosure code of the CIRM. Counsel James Harrison confirmed that the board must disclose under the highest disclosure threshold, section 87200 of the Political Reform Act. Klein pointed out that the CIRM President, Chief Scientific Officer, Ethics Officer and others at the policy level of the Institute will be included in this disclosure category.

Discussion of Conflicts of Interest Code for ICOC Members and CIRM Staff:

- Dr. Baltimore: we're all fine with the Form 700. It's the disclosure category that affects what/how much we fill out.
    - ICOC members file under category 1
    - We should hold President, Chief Scientific Officer and other executives to the same standard – does Form 700 suffice?
- Deputy Attorney General Ted Prim: You are all disclosing under a category set out for statewide elected officers. We have definitions for each of the disclosure terms, which include some fairly long exemptions. Those exemptions are the kinds of things Dr. Baltimore is talking about. For example, the requirement to disclose an investment in a business entity does not include a business entity that does not do business in California. And it does not include mutual funds – those are specifically excluded.

- Dr. Baltimore: Could we just say “as defined in the code” and give a reference?
- Mr. Prim: Yes. It will still be legalese, but maybe it will be more helpful – that’s fine.
- Mr. Goldberg: We’re all comfortable with Form 700. It’s the extent to which the language used implies something different that makes some of us uncomfortable.
- Chairman Klein: So, as a matter of record, ICOC members file a Form 700 under category 1 and the President, Chief Scientific Officer and Ethics Officer are held to the same standard to which ICOC members are held.
- Mr. Prim: Correct.
- Chairman Klein: All of these terms have been debated by the legislature, adopted by the legislature, reviewed by the Fair Political Practices Commission or other groups as appropriate, commented on in legislative sessions and in the legislature and the statutes.
- Mr. Prim: It was an initiative just like Prop 71 and was adopted by the people, then implemented through the regulations of the Fair Political Practices Commission.
- Dr. Prieto: I move that we add language as per Dr. Baltimore.
- Second: Dr. Wright.

Board Discussion

- Dr. Pomeroy: We’re listed as “designated employees”. I believe that needs to say employee or official because we are not employees.
- Mr. Prim: Right now, you disclose under the same category as the Governor until a code is adopted. We’re in the process of developing your code. Because you are not listed as what we call an Article II filer in the statute with a defined disclosure category, you are what we call a “designated employee.” Even though you are a board member, for purposes of the conflict of interest code, you are a designated employee.
    - We’re not actually adopting a code today. This still has to go through the process of being approved by the Fair Political Practices Commission and noticed in a formal process.
- Chairman Klein: we have a motion on the floor to approve item #10 –A, the Confict of Interest Code for the CIRM (as distinct from the Conflict of Interest Policy for the ICOC, which we will discuss at the next meeting), as amended at the suggestion of Dr. Baltimore.

Vote

- All in favor.
- No opposition.
- Motion to adopt the Conflict of Interest Code as amended passes.

Statement of Incompatible Activities

Mr. Harrison advised the board that Government Code Section 19990 requires that each state agency adopt a Statement of Incompatible Activities that sets forth the items you see here in addition to any other policies the agency wishes to adopt, as well as procedures for handling any violation of the incompatible activities statement. It is subject to the approval of the Department of Personnel Administration after board approval.

- Dr. Henderson moves to approve
- Dr. Baltimore seconds.
- Question from Dr. Pizzo and clarification provided: Political Reform Act prohibits gifts of more than $360 per year from one gift giver; prohibits acceptance of gift if done to influence – also not acceptable

Vote

- All vote in favor.
- No opposition.
- Motion passes.

Conflicts Policy for ICOC

- Agreed to hold until next meeting and get more comments from the ICOC.
- Dr. Murphy: Suggestion that outside group such as the NAS look at this policy.
- Chairman Klein: we will contact the NAS to get guidance before the next board meeting.
- Dean Pizzo: we should go directly to Bruce Alberts because he's done so much with conflicts.

Public Comment

- Mr. Halpern: please put the document on the web and have the public comment on it.
- Response from Chairman Klein: the document is on the web site already – we are in agreement.

Agenda Item # 12
Consideration of proposed framework for initial grants program, including categories of grants and types of recipients.

- Discussion of whether to give the Grants Working Group Search Subcommittee authority to discuss types of grants for first round.
- Proposal to have CIRM staff develop training program for up and coming stem cell researchers.

- The need to accelerate training is obvious. Talk to potential grantees to determine interest.
- ICOC agrees to the following:
    - Grant authority to subcommittee to discuss types of grants for first round
    - CIRM staff led by Zach Hall to develop Training Program

Agenda Item #13
Consideration of status report from Grants Working Group Search Subcommittee.

- Vice-Chair Ed Penhoet reports on work of Grants Working Group Search Subcommittee.
- The Subcommittee has not met since last ICOC meeting on 2/1/05.
- 2/14/05 was the deadline for nominations.
- We had a raw database of 650 candidates.
- The candidates have been divided among 6 interview teams and the interviews will take 6 weeks to complete.
- The next meeting of the Subcommittee is set for 3/18/05.

Agenda Item #14
Consideration of status report from Facilities Working Group Search Subcommittee, including the process for selecting members of the Facilities Working Group and cost effectiveness of grants, including prototype development, renovation of existing facilities and specialized facilities.

Tabled.

Agenda Item #15
Consideration of status report from Standards Working Group Search Subcommittee, including consideration of appointment of 5 ICOC members to the Standards Working Group.

Tabled.

Agenda Item #16
Consideration of status report from Site Search Subcommittee.

Tabled.

Agenda Item #18
Consideration of Expense Policy for ICOC and CIRM staff. Reimbursable Subsistence.

Tabled.