

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
ACCESSIBILITY AND AFFORDABILITY WORKING GROUP  
OF THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: AUGUST 2, 2022  
2 P.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2022-31

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I N D E X

ITEM DESCRIPTION NO.	PAGE
OPEN SESSION	
1. CALL TO ORDER	3
2. ROLL CALL	3
ACTION ITEMS	
3. CONSIDERATION OF CONCEPT PLAN FOR PATIENT ASSISTANCE PROGRAM	18
DISCUSSION ITEMS	
4. NEXT STEPS	33
5. PUBLIC COMMENT	44
6. ADJOURNMENT	48

**BETH C. DRAIN, CA CSR NO. 7152**

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AUGUST 2, 2022; 2 P.M.

CHAIRMAN TORRES: ALL RIGHT. THE WORKING  
GROUP WILL COME TO ORDER. MARIANNE, WOULD YOU  
PLEASE CALL THE ROLL.

MS. DEQUINA-VILLABLANCA: YES. CAN WE  
MAKE SURE THE RECORDING IS PLACED.

DAN BERNAL.

MR. BERNAL: PRESENT.

MS. DEQUINA-VILLABLANCA: ANN BOYNTON.

MS. BOYNTON: HERE.

MS. BONNEVILLE: JAMES DEBENEDETTI.

MR. DEBENEDETTI: HERE.

MS. DEQUINA-VILLABLANCA: DANA DORNSIFE.

MS. DORNSIFE: HERE.

MS. BONNEVILLE: DAVID GOLDMAN. TED  
GOLDSTEIN .

MR. GOLDSTEIN: HERE.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: HERE.

MS. BONNEVILLE: HARLAN LEVINE.

DR. LEVINE: HERE.

MS. BONNEVILLE: PAT LEVITT.

DR. LEVITT: HERE.

MS. BONNEVILLE: ADRIANA PADILLA. AMMAR

1 QADAN. AL ROWLETT.

2 MR. ROWLETT: HERE.

3 MS. BONNEVILLE: MAHESWARI SENTHIL. DAVID

4 SERRANO-SEWELL.

5 MR. SERRANO-SEWELL: PRESENT.

6 MS. BONNEVILLE: ADRIENNE SHAPIRO.

7 MS. SHAPIRO: PRESENT.

8 MS. BONNEVILLE: JONATHAN THOMA .

9 CHAIRMAN THOMAS: HERE.

10 MS. DEQUINA-VILLABLANCA: ART TORRES.

11 CHAIRMAN TORRES: HERE.

12 MS. DEQUINA-VILLABLANCA: OKAY. WE'VE GOT

13 QUORUM AND WE MAY BEGIN.

14 CHAIRMAN TORRES: ALL RIGHT. WELL, THANK

15 YOU VERY MUCH. FIRST OF ALL, I WANT DAN TO SEND A

16 MESSAGE TO MY SISTER NANCY. I'M GLAD SHE IS SAFE.

17 WHAT A COURAGEOUS LEADER WE HAVE TO REPRESENT US IN

18 TAIWAN. I'M SO GLAD SHE MADE THE TRIP.

19 HAVING REPRESENTED CHINATOWN IN LOS

20 ANGELES FOR OVER 20 YEARS, IT IS NOT AN UNCOMMON

21 CHALLENGE OR COURAGE. SO GIVE HER MY LOVE AND OUR

22 BEST, AND MAY SHE RETURN HOME SAFELY, DAN. THANK

23 YOU.

24 MR. BERNAL: THANKS, ART. I'LL SHARE THAT

25 WITH HER.

1 CHAIRMAN TORRES: WE WANT TO, FIRST OF  
2 ALL, OPEN UP OUR MEETING TO THE ISSUE OF JUST WHERE  
3 WE CAN GO IN TERMS OF OUR PATIENT ASSISTANCE  
4 PROGRAM. SO I WANTED TO BRING ON BOARD VERY QUICKLY  
5 TO GIVE US AN OVERVIEW AS TO WHERE WE ARE IN OUR  
6 PARAMETERS BY JAMES HARRISON, WHO WAS THE LEAD  
7 AUTHOR ALONG WITH BOB KLEIN AND MYSELF OF PROP 14,  
8 BUT REALLY HE WAS THE LAWYER THAT HELPED DRAFT A LOT  
9 OF THE LANGUAGE. AND MARIA AND SEAN AND JAMES AND I  
10 MET EARLIER THIS WEEK TO MAKE SURE THAT WE HAD THE  
11 PARAMETERS OF WHAT WE ARE DOING TO MAKE SURE WE'RE  
12 MOVING IN THE RIGHT DIRECTION.

13 I WANTED JAMES TO GIVE US HIS VIEW ON PROP  
14 14 AND ESPECIALLY THE LANGUAGE THAT APPLIES TO US AS  
15 A WORKING GROUP. JAMES.

16 I THOUGHT I SAW HIM.

17 MR. HARRISON: I APOLOGIZE. I'VE BEEN  
18 HAVING SOME INTERNET DIFFICULTIES SO I SWITCHED TO  
19 MY PHONE. I'M SORRY I DID. NICE TO BE HERE WITH  
20 ALL OF YOU.

21 CHAIRMAN TORRES: I THINK THEY ALREADY  
22 KNOW WHY WE WANTED YOU TO BE ON THE INITIAL PART OF  
23 THIS MEETING, AND I KNOW YOU HAVE TO LEAVE, BUT I  
24 JUST WANTED TO GIVE US AN OPPORTUNITY TO HAVE YOUR  
25 THOUGHTS WITH US.

1 MR. HARRISON: SURE. THANK YOU FOR THE  
2 INTRODUCTION, ART.

3 SO I'D JUST LIKE TO BRIEFLY TALK ABOUT THE  
4 INTENT OF PROP 14. AND BY THAT, I DON'T JUST MEAN  
5 THE INTENT OF THE DRAFTERS OF WHICH SENATOR TORRES  
6 AND I WERE AMONG, BUT ALSO AS SET FORTH IN THE  
7 FINDINGS AND THE DECLARATION OF PURPOSE OF THE  
8 MEASURE AS WELL AS THE VARIOUS COMPONENTS, ALL OF  
9 WHICH HAVE TO BE READ IN CONTEXT IN ORDER TO GIVE  
10 MEANING TO THE LAW.

11 ONE OF THE MAJOR THRUSTS OF PROP 14, AS  
12 SENATOR TORRES NOTES, WAS TO EXPAND ACCESS TO AND  
13 THE AFFORDABILITY OF CLINICAL TRIALS AND TREATMENTS  
14 AND CURES THAT ARISE FROM CIRM-FUNDED RESEARCH. AS  
15 EXPRESSLY STATED IN THE DECLARATION OF INTENTION IN  
16 THE LAW, THAT INCLUDES PROMOTING THE ACCESSIBILITY  
17 AND AFFORDABILITY OF TREATMENTS AND CURES BY  
18 ENSURING THAT MORE CALIFORNIANS HAVE ACCESS TO  
19 CLINICAL TRIALS AND BY HELPING CALIFORNIA PATIENTS  
20 OBTAIN TREATMENTS AND CURES THAT ARISE FROM  
21 CIRM-FUNDED RESEARCH REGARDLESS OF THEIR GEOGRAPHIC  
22 LOCATION OR ECONOMIC NEEDS.

23 AND PROP 14 ACCOMPLISHED THIS IN SEVERAL  
24 WAYS. FIRST, IT ESTABLISHED A COMMUNITY CARE  
25 CENTERS OF EXCELLENCE PROGRAM IN ORDER TO EXTEND THE

1 REACH OF THE ALPHA STEM CELL CLINICS TO ENHANCE  
2 CLINICAL TRIAL ACCESS BEYOND THE CURRENT GEOGRAPHIC  
3 LIMITATIONS AND TO ENSURE THAT PATIENTS OF ALL  
4 ECONOMIC MEANS HAD THE ABILITY TO PARTICIPATE IN  
5 CLINICAL TRIALS.

6 IT ALSO ESTABLISHED THIS BODY AND CHARGED  
7 YOU WITH THE RESPONSIBILITY TO DEVELOP FINANCIAL  
8 MODELS TO PROMOTE ACCESSIBILITY AND AFFORDABILITY,  
9 TO RECOMMEND POLICIES AND PROGRAMS TO PROMOTE THOSE  
10 GOALS, TO ESTABLISH STANDARDS FOR PATIENT  
11 REIMBURSEMENT, AND THEN, FINALLY, TO MAKE  
12 RECOMMENDATIONS WITH RESPECT TO THE RESEARCH THAT'S  
13 NECESSARY TO HELP YOU ACCOMPLISH ALL OF THOSE GOALS.

14 ANOTHER COMPONENT OF THE LAW WAS TO EXPAND  
15 THE PERMITTED PATIENT REIMBURSEMENT STANDARDS TO  
16 INCLUDE TRAVEL EXPENSES, BOTH FOR RESEARCH  
17 PARTICIPANTS AS WELL AS THEIR CAREGIVERS. AND IN  
18 THIS CASE THE MEASURE EXPRESSLY PROVIDES THAT THE  
19 INTENT IS TO ENSURE FUNCTIONAL ACCESS TO CLINICAL  
20 TRIALS. SO THIS IS NOT JUST ABOUT REIMBURSING  
21 EXPENSES, BUT RATHER ENSURING THAT ALL PATIENTS,  
22 REGARDLESS OF GEOGRAPHY AND ECONOMIC MEANS, HAVE THE  
23 ABILITY TO PARTICIPATE IN CLINICAL TRIALS.

24 ANOTHER COMPONENT OF EFFECTING THIS CHANGE  
25 WAS TO EARMARK THE REVENUES THAT FLOW TO THE STATE

1 OF CALIFORNIA FROM CIRM-FUNDED RESEARCH, WHICH  
2 PREVIOUSLY WENT TO THE GENERAL FUND TO BE USED FOR  
3 ANY PURPOSE, TO, INSTEAD, PROVIDE THAT THOSE FUNDS  
4 SHOULD BE USED TO OFFSET THE COSTS OF PROVIDING  
5 TREATMENTS AND CURES ARISING FROM CIRM-FUNDED  
6 RESEARCH TO CALIFORNIA PATIENTS WHO HAVE  
7 INSUFFICIENT MEANS TO OBTAIN THEM, INCLUDING BY  
8 REIMBURSING THE COSTS OF RESEARCH PARTICIPANTS.

9 THE REFERENCE TO INCLUDING IS IMPORTANT  
10 HERE BECAUSE IT MAKES CLEAR THAT THE FUNDS WERE NOT  
11 LIMITED TO USE FOR REIMBURSEMENT OF PATIENTS. SO  
12 THAT FUND COULD ALSO, FOR EXAMPLE, BE USED TO COVER  
13 COSTS THAT ENHANCE THE OPPORTUNITY FOR PATIENTS WITH  
14 INSUFFICIENT MEANS TO PARTICIPATE IN CLINICAL  
15 TRIALS; FOR EXAMPLE, THROUGH FUNDING PATIENT  
16 NAVIGATION, TRANSLATION SUPPORT, AND OTHER COSTS  
17 THAT HAVE A DIRECT NEXUS TO EXPANDING ACCESSIBILITY  
18 AND AFFORDABILITY FOR PATIENTS WHO WOULD OTHERWISE  
19 NOT BE ABLE TO PARTICIPATE IN CIRM-FUNDED CLINICAL  
20 TRIALS.

21 SO I WANTED TO SHARE THOSE THOUGHTS WITH  
22 YOU AS YOU EMBARK ON YOUR MISSION OF DEVELOPING  
23 THESE PROGRAMS AND POLICIES. AND I'D BE HAPPY TO  
24 ANSWER ANY QUESTIONS YOU HAVE.

25 CHAIRMAN TORRES: ANY QUESTIONS BY MEMBERS

1 OF THE GROUP? ALL RIGHT.

2 DR. GOLDSTEIN: I ALWAYS HAVE A QUESTION.

3 CHAIRMAN TORRES: SURE. GO AHEAD, TED.

4 DR. GOLDSTEIN: THANKS SO MUCH. TED

5 GOLDSTEIN HERE.

6 SO ONE OF THE THINGS WHICH I FIND IN MY  
7 CONVERSATIONS TO THE GENERAL PUBLIC, I OFTEN GIVE  
8 INTRODUCTION TO SCIENCE TYPE TALKS, IS REALLY PEOPLE  
9 DON'T REALIZE WHAT STEM CELLS ARE OR THAT THERE ARE  
10 THERAPEUTIC MODES FOR IT. AND SO IT STRIKES ME THAT  
11 ONE OF THE BIG OPPORTUNITIES HERE IS EDUCATION, AND  
12 BOTH CURRICULUM AT THE HIGH SCHOOL LEVEL AND PERHAPS  
13 YOUNGER, AND JUST GENERAL AWARENESS AND GETTING A  
14 SPOKESPERSON TO GO AROUND AND GIVE TALKS ABOUT THIS,  
15 ABOUT WHAT WE DO. AND IT STRIKES ME THAT THIS IS  
16 NOT SELLING, BUT FAMILIARITY.

17 YOU SORT OF HAVE TO DO FAMILIARITY BEFORE  
18 YOU KNOW THAT, OH, GEE, I'VE GOT A SERIOUS MEDICAL  
19 CONDITION. COULD IT BE -- IS THERE A POSSIBILITY TO  
20 CONNECT? THERE IS GREAT REMINDERS ON PHYSICIANS, OF  
21 COURSE, TO MAKE THESE CONNECTIONS, BUT PHYSICIANS  
22 DON'T KNOW. RIGHT? THEY DON'T KNOW EXACTLY WHAT'S  
23 GOING ON. THEY CAN BARELY KEEP UP WITH THE MOUNTAIN  
24 OF PAPERWORK THAT THEY HAVE IN STAYING CURRENT.

25 SO IT STRIKES ME THAT IF THESE FUNDS, AS

1 YOU SAY, COULD BE USED FOR OTHER CONNECTIVE  
2 PURPOSES, SOME AMOUNT OF MONEY SPENT ON EDUCATION  
3 WOULD BE, AND JUST PROMOTING THE GOOD WORD ABOUT US,  
4 I THINK IS IN ORDER .

5 CHAIRMAN TORRES: THAT'S A VERY GOOD  
6 POINT. AND WE'VE BEEN DOING IT FOR YEARS, QUITE  
7 FRANKLY, WITH THE BRIDGES PROGRAM. AND THEN I  
8 HELPED START THE SPARKS PROGRAM TO ACCENTUATE HIGH  
9 SCHOOL PARTICIPATION OF YOUNG PEOPLE. J.T., OUR  
10 CHAIR, HAS BEEN AND SO HAS MARIA AND JAMES, FRANKLY,  
11 BEEN TO MANY BRIDGES AND SPARKS PROGRAMS WHERE THESE  
12 YOUNG PEOPLE BECOME THE FUTURE. AND SO WE ENCOURAGE  
13 THEIR PARTICIPATION AND REACH OUT.

14 WE'RE GOING TO DO MUCH MORE OF THAT WITH  
15 OUR PATIENT ADVOCACY THAT WAS DONE ALREADY, AND THAT  
16 GOES ALONG THOSE LINES AS WELL. SO THOSE ARE  
17 EXCELLENT POINTS.

18 AND, MARIANNE, WE NEED TO SEND TED AND THE  
19 REST OF THE MEMBERS AN OVERVIEW OF OUR BRIDGES AND  
20 SPARKS PROGRAM SO THAT THEY'RE AWARE OF WHAT WE'VE  
21 BEEN DOING IN THIS AREA WHICH IS VERY EXCITING. I  
22 CAN'T TELL YOU THE GLEEM IN THE EYES OF THESE  
23 STUDENTS WHEN PARTICIPATING FOR A SUMMER. WE GIVE  
24 THEM A STIPEND. AND THEN THE TRACK RECORD THAT WE  
25 PROVIDE IN TERMS OF WHERE THEY LAND AFTERWARDS IS

1 JUST ASTONISHING.

2 DAVID HIGGINS.

3 DR. HIGGINS: YES. I JUST WANTED TO MAKE  
4 TWO COMMENTS REALLY. ONE IS TO, IN CASE ANYBODY  
5 DOESN'T KNOW JAMES OR ART OR DON'T KNOW THEM WELL,  
6 YOU SHOULD BE THRILLED THAT THESE ARE THE TWO PEOPLE  
7 THAT WE'RE WORKING WITH ON THIS TOPIC. THESE ARE  
8 LEADERS PAR EXCELLENCE AND ARE WAY AHEAD OF US IN  
9 THE THINKING AND THE INSTITUTION OF PROGRAMS LIKE  
10 ART JUST ENUMERATED. JAMES TOO. JAMES IS ONE OF  
11 OUR FORMER CIRM PEOPLE WHO WE ALL THINK OF IN HEROIC  
12 TERMS. AND I'M JUST THRILLED TO HAVE THESE TWO IN  
13 PARTICULAR HELPING US.

14 THE SECOND COMMENT I WANTED TO MAKE, WHICH  
15 IS AN EXTENSION OF WHAT TED JUST SAID. I AGREE WITH  
16 EVERYTHING HE SAID AND ART'S FOLLOW-UP, BUT I ALSO  
17 JUST WANT TO UNDERSCORE THAT WHEN I SAY SOMETHING TO  
18 SOME MEMBER OF THE PUBLIC OR SOMETHING WITH CIRM AND  
19 DESCRIBE CIRM AS HAVING TO DO WITH STEM CELLS,  
20 WITHOUT EXCEPTION, CAN'T YOU JUST GO TO MEXICO FOR  
21 THAT? CAN'T YOU GET THAT IN TIJUANA? PEOPLE ARE  
22 COMPLETELY CONFUSED BY THIS CRAP THAT'S BEING THROWN  
23 AT THEM COMMERCIALY AND WHAT STEM CELLS POTENTIAL  
24 REALLY IS.

25 SO I KNOW THAT WILL BE PART OF OUR

1 CONCERN, BUT LET'S JUST MAKE SURE WE BUILD THAT IN  
2 THERE. WHEN SOME ADULT'S EYES LIGHT UP BECAUSE YOU  
3 SAY STEM CELLS, THEY MAY BE THINKING OF THEIR BUM  
4 KNEE THAT THEY'RE GOING TO GET INJECTIONS OF AND  
5 CURE. SO I JUST WANT TO LAY ON THAT THE TABLE

6 CHAIRMAN THOMAS: WE HAVE A LOT OF WORK TO  
7 DO IN THAT AREA AS DAVID SERRANO-SEWALL KNOWS  
8 BECAUSE HE WAS A MEMBER OF THE MEDICAL QUALITY  
9 ASSURANCE BOARD. WE DON'T GET COOPERATION FROM  
10 THESE DOCTORS. WHEN WE BROUGHT THE ISSUE OF BAD  
11 STEM CELL CLINICS TO THEIR ATTENTION, THEY DO  
12 NOTHING ABOUT IT. I'VE HAD THESE CONVERSATIONS WITH  
13 SENATOR ADKINS, THE PRESIDENT OF THE SENATE, WHO HAS  
14 APPOINTMENTS TO THIS BOARD, AS WELL AS THE CMA AND  
15 OTHER DOCTORS THAT SERVE ON THE BOARD. THERE'S A  
16 RELUCTANCE TO GO AFTER THEIR PEERS WHEN IN REALITY  
17 MOST OF THESE STEM CELL CLINICS, THESE SHAMS, ARE  
18 BEING RUN BY PHYSICIANS THAT REALLY DON'T HAVE A  
19 SENSE OF VALUE OR A COMMITMENT, IN MY OPINION, THIS  
20 IS ONLY BY OPINION, IN RESPECT TO THEIR PATIENTS.

21 J.T.

22 CHAIRMAN THOMAS: THANKS, ART. TED,  
23 THANKS FOR THE COMMENTS. JUST FOR THE BENEFIT OF  
24 THE MEMBERS OF THE WORKING GROUP HERE, OUR  
25 EDUCATIONAL PROGRAM, WHICH ART ALLUDED TO, WHICH

1 ALSO HAS ADDITIONAL LEVELS BESIDES HIGH SCHOOL,  
2 UNDERGRAD, MASTER'S, RESEARCH SCIENTISTS, ET CETERA,  
3 WE'VE PUT OUT AS AN ORGANIZATION, I THINK, I MAY  
4 HAVE THIS A LITTLE OFF, BUT 260 MILLION, SOMETHING  
5 LIKE THAT, ON EDUCATIONAL PROGRAMS SINCE INCEPTION  
6 TO BASICALLY GET THE WORKFORCE OF TOMORROW EDUCATED  
7 AND SEEDING THE PIPELINE FOR WORKERS AS THE FIELD  
8 CONTINUES TO MATURE.

9 SO WE JUST HAD A BRIDGES PROGRAM WHICH WAS  
10 FOR COMMUNITY COLLEGES AND UNIVERSITIES THAT DON'T  
11 HAVE STEM CELL PROGRAMS. WE FUND A NUMBER OF  
12 STUDENTS FROM EACH WHO GO TO ENTITIES THAT DO HAVE  
13 STEM CELL PROGRAMS, THE STANFORDS, THE UCSD'S, THE  
14 UCLA'S OF THE WORLD, AND THEY SPEND A YEAR IN  
15 INTENSIVE TRAINING WITH SCIENTISTS IN THOSE STEM  
16 CELL PROGRAMS AND, AT THE END OF THE YEAR, COME OUT  
17 WITH THIS INCREDIBLE BODY OF WORK WHICH THEY PRESENT  
18 IN AN ANNUAL MEETING WHICH HAPPENS TO HAVE BEEN LAST  
19 WEEK WHICH I WENT TO WHERE YOU THINK THESE KIDS HAVE  
20 BASICALLY BEEN IN THE FIELD FOR MANY, MANY YEARS AND  
21 THEY SOUND LIKE PH.D.'S.

22 BUT THE POINT IS IS THAT WE'RE ACUTELY  
23 AWARE THAT THE EDUCATIONAL COMPONENT OF WHAT WE DO  
24 IS ONE OF OUR PRINCIPAL PILLARS AND SOMETHING THAT  
25 WE'RE VERY PROUD OF.

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1 COMMUNICATION IN GENERAL, WE HAVE AN  
2 INCREASINGLY ROBUST COMMUNICATIONS EFFORT. TED,  
3 YOU'RE RIGHT. THERE'S STILL PLENTY OF PEOPLE OUT  
4 THERE THAT DON'T KNOW WHAT THE STORY IS. ONE OF THE  
5 BRIDGES STUDENTS LAST WEEK TOLD AN ANECDOTE WHERE  
6 HE'S FROM HUMBOLDT STATE. I THINK HE HAD DONE HIS  
7 YEAR AT UCSF'S STEM CELL PROGRAM, AND HE TOLD THE  
8 STORY WHEN HE WAS TRYING TO TALK TO PEOPLE UP IN HIS  
9 AREA WHERE HE GOES TO COLLEGE, THAT THEY WERE  
10 DUBIOUS ABOUT STEM CELLS AND GOT ALL THEIR INFO FROM  
11 JOE RHOGAN. AND HE SAID THIS IS A REAL ISSUE, AND  
12 WE ACKNOWLEDGED THAT AND ARE COMMITTED TO IMPROVING  
13 OUR COMMUNICATIONS EFFORT CONTINUOUSLY.

14 I SHOULD NOTE, WHICH WE'LL CIRCULATE TO  
15 ALL OF YOU, THAT OUR NEW ANNUAL REPORT IS DUE OUT  
16 ANY MINUTE, WHICH IS A WONDERFUL MARKETING DOCUMENT,  
17 WHICH I THINK YOU'LL BE MOST INTERESTED TO SEE. SO  
18 WE WILL MAKE SURE TO FORWARD THAT TO ALL OF YOU.  
19 AND ANY THOUGHTS THAT YOU HAVE ON COMMUNICATIONS,  
20 PLEASE DO LET US KNOW BECAUSE IT IS, FOR SURE, ONE  
21 OF OUR HIGHEST PRIORITIES. THANK YOU, ART.

22 CHAIRMAN TORRES: THANK YOU, TED, FOR  
23 POINTING THIS OUT BECAUSE IT INEVITABLY HAPPENS. WE  
24 NEVER DO ENOUGH OF COMMUNICATIONS .

25 DR. GOLDSTEIN: WELL, IT'S NOT ENOUGH

1 UNTIL IT'S ENOUGH.

2 CHAIRMAN TORRES: IT'S A CHALLENGE WHETHER  
3 YOU'RE IN PUBLIC LIFE AS AN OFFICE HOLDER OR WHETHER  
4 YOU'RE A STATE AGENCY. IT'S SO DIFFICULT TO  
5 CONTINUE TO REACH OUT TO THE MASSES THAT NEED TO  
6 HEAR WHAT'S GOING ON.

7 MARIANNE, WOULD YOU PLEASE SEND THE LINK  
8 TO EVERYONE THAT WANTS TO PARTICIPATE BECAUSE  
9 TOMORROW IS OUR SPARKS PROGRAM. IT'S GOING TO BE  
10 ONLINE. I'M GOING TO END THE MEETING TOMORROW ABOUT  
11 4:30 P.M. BUT IT'S A GREAT OPPORTUNITY TO SEE OUR  
12 HIGH SCHOOL STUDENTS IN ACTION. THIS YEAR WE'RE  
13 HOLDING THE SPARKS MEETING IN OAKLAND AT THE MARTIN  
14 LUTHER KING CENTER THERE. AND KELLY SHEPARD, WHO IS  
15 THE STAFF PERSON THAT'S BEEN OPERATING AND DIRECTING  
16 THIS, HAS JUST BEEN TERRIFIC AT PUTTING THIS  
17 TOGETHER.

18 SO IF YOU HAVE SOME TIME, EVEN TEN MINUTES  
19 OR FIVE MINUTES, CHECK INTO THE WEBSITE MARIANNE  
20 WILL SEND OUT. IT'S WELL WORTH THE EFFORT.

21 ANY FURTHER QUESTIONS BEFORE WE GO ON?

22 CHAIRMAN THOMAS: ART, JUST ONE MORE POINT  
23 ON THAT JUST TO BACK WHAT YOU JUST SAID. IF YOU  
24 WANT TO HEAR SOMETHING THAT BORDERS ON THE  
25 UNBELIEVABLE, THESE KIDS, THESE HIGH SCHOOL KIDS

1 THROUGHOUT THE STATE, HAVE SIX- TO EIGHT-WEEK  
2 INTENSIVE COURSES. MOST OF THEM ARE AP, BIO HIGH  
3 SCHOOL STUDENTS WHO HAD SOME EXPOSURE TO STEM CELLS,  
4 NOT MUCH. AT THE END OF THIS EIGHT WEEKS, THEY  
5 CONVENE TO TALK ABOUT WHAT THEY'VE DONE.

6 ONE OF THE FEATURES OF THE DAY IS THEY  
7 HAVE -- A NUMBER OF THE KIDS ARE ASKED TO GIVE  
8 FIVE-MINUTE PRESENTATIONS ON THEIR RESEARCH. IF YOU  
9 WANT TO BE JUST LIKE BLOWN AWAY LIKE NEVER BEFORE,  
10 YOU SHOULD JUST LOG IN AND WATCH THESE KIDS PRESENT  
11 BECAUSE THEY SOUND LIKE HIGHLY SEASONED VETERANS AND  
12 ARE JUST SO IMPRESSIVE AND SOMETHING TO BEHOLD. SO  
13 IF YOU DO GET A CHANCE, THERE WILL BE AN AGENDA WITH  
14 THE LINK, AND YOU CAN LOG IN. IT WILL BE WELL WORTH  
15 IT. THANK YOU, ART.

16 CHAIRMAN TORRES: THANK YOU VERY MUCH.

17 ANY FURTHER INPUT BEFORE WE MOVE ON?  
18 JAMES, I WANT TO THANK YOU AGAIN FOR TAKING THE TIME  
19 TO BE WITH US BECAUSE IT'S ALWAYS A PLEASURE TO SEE  
20 YOU AND OBVIOUSLY TO WORK WITH YOU.

21 THE WHOLE CONCEPT OF WHAT WE WORKED  
22 THROUGH THIS YEAR HAS BEEN VERY, VERY TIME-CONSUMING  
23 AND A LOT OF HARD WORK FROM MARIA MILLAN, MARIA  
24 BONNEVILLE, SHYAM, KEVIN MARKS, AND OTHERS, WHO HAVE  
25 BEEN PARTICIPATING IN MAKING SURE THAT WHATEVER WE

1 BRING FORWARD TO YOU TODAY, WHICH IS GOING TO BE  
2 EXHAUSTIVE, AND I THINK EACH OF YOU HAVE RECEIVED  
3 THE PROPOSAL WHICH IS THE CONSIDERATION OF THE  
4 CONCEPT PLAN FOR PATIENT ASSISTANCE PROGRAM. I'M  
5 GOING TO ASK SEAN NOW GO OVER IT. IT'S GOING TO  
6 TAKE A LITTLE BIT OF TIME, BUT IT'S WELL WORTH THE  
7 ENERGY AND THE EFFORT. AND, OF COURSE, WE'LL OPEN  
8 UP TO QUESTIONS.

9 NOW, KEEP IN MIND THAT I'VE ALWAYS OPEN TO  
10 QUESTIONS IN WRITING FROM ANY OF YOU. IF SOMETHING  
11 COMES TO MIND AFTER THIS MEETING AND YOU WOULD LIKE  
12 FURTHER INPUT, WE CAN DIRECT THAT TO ANY STAFF  
13 PERSON THAT YOU MIGHT HAVE A PARTICULAR INTEREST IN  
14 OR A QUESTION THAT YOU DIDN'T THINK OF WHILE THE  
15 PRESENTATION WAS GOING ON BECAUSE THAT'S VERY, VERY  
16 HELPFUL.

17 I ALSO HAVE TO REPORT THAT THIS AFTERNOON  
18 I WAS IN CONTACT WITH THE GOVERNOR'S OFFICE.  
19 THEY'RE STILL WORKING ON PUTTING TOGETHER THE PIECES  
20 OF THEIR AFFORDABILITY OFFICE, WHICH, AS YOU KNOW,  
21 PASSED THE LEGISLATURE AND SIGNED BY THE GOVERNOR  
22 LAST MONTH. THEY DON'T TAKE OPERATION TILL JANUARY  
23 1, 2023, BUT THEY'RE WORKING VERY HARD RIGHT NOW.  
24 AND I SPOKE TO A NUMBER OF THE STAFF PEOPLE THAT ARE  
25 WORKING ON IT NOW. SO THAT IS A WORK IN PROGRESS,

1 AND I WILL REPORT TO YOU AS I FIND OUT MORE  
2 INFORMATION ON WHERE THEY ARE AT IN TERMS OF THE  
3 OFFICE OPENING AND THE ABILITY TO HAVE PEOPLE THAT  
4 COULD BE ADVISORS TO THAT OFFICE.

5 SEAN, TAKE IT AWAY. THANK YOU.

6 DR. TURBEVILLE: I'M GOING TO SHARE THE  
7 SCREEN. MARIANNE, CAN YOU CONFIRM THAT YOU SEE  
8 THESE?

9 MS. DEQUINA-VILLABLANCA: YES, I SEE IT .

10 DR. TURBEVILLE: ALL RIGHT. OKAY. WELL,  
11 THANK YOU, JAMES, PARTICULARLY TO YOU, TO PROVIDE AN  
12 OVERVIEW OF THE REGS AND THE CONCEPT OF THE PATIENT  
13 ASSISTANCE PROGRAM AND PARTICULARLY TO THE AAWG.

14 SO THIS IS A QUICK UPDATE TO GIVE YOU  
15 WHERE WE ARE AT CURRENTLY. THIS IS A FOLLOW-UP TO  
16 THE JUNE 21ST AAWG MEETING THAT MANY OF YOU  
17 ATTENDED. AND TO ME THAT SEEMS LIKE AGES AGO  
18 BECAUSE WE'RE MOVING VERY QUICKLY. WE'VE MADE A LOT  
19 OF SIGNIFICANT PROGRESS IN THE LAST SIX WEEKS.

20 SO THE PURPOSE OF THIS PRESENTATION IS TO  
21 FOLLOW UP ON THE PATIENT ASSISTANCE PROGRAM  
22 PRESENTED AGAIN ON THAT DATE, PROVIDE AN UPDATE ON  
23 OUR GAP ANALYSIS, WHICH WE ARE CURRENTLY DOING RIGHT  
24 NOW. AND WE'RE GETTING FEEDBACK AS WE SPEAK ON SOME  
25 ADDITIONAL ANALYTICS THAT I CAN PROVIDE MAYBE AT A

1 LATER TIME. MORE IMPORTANTLY, INTRODUCTION TO THE  
2 DRAFT CONCEPT PLAN. SO MANY OF YOU HAVE SEEN THAT.  
3 THAT WAS POSTED TEN DAYS AGO. IT MAY BE A LITTLE  
4 BIT HEAVY WITH RESPECT TO CONTEXT. THAT'S KIND OF  
5 MY AREA OF EXPERTISE. SO WE CAN GET INTO THOSE  
6 GRANULARITIES IF YOU WANT. I THINK IT'S FAIRLY  
7 ROBUST IN TERMS OF WHAT WE'RE GOING AFTER, WHAT OUR  
8 VISION IS, AND WE'RE VERY CLOSE TO ACTUALLY MOVING  
9 TOWARD, UPON YOUR APPROVAL, TO THE RFP PROCESS.

10 THE OTHER THING I JUST WANT TO REITERATE  
11 JUST TO MAKE SURE, THERE'S BEEN A LOT OF  
12 PRESENTATIONS THAT I'VE GIVEN. I THINK JAMES NAILED  
13 IT. THE POINT OF THIS PROGRAM IS REALLY TO FOCUS ON  
14 THE UNDERSERVED, RIGHT, THOSE PATIENTS WHO DID NOT  
15 HAVE AN OPPORTUNITY TO PARTICIPATE IN A CLINICAL  
16 TRIAL OR COULD NOT FULFILL THE REQUIREMENTS OF A  
17 CLINICAL TRIAL SIMPLY BECAUSE THEY DIDN'T HAVE THE  
18 FINANCIAL MEANS TO CONTRIBUTE, THEY DIDN'T HAVE THE  
19 LOGISTICAL MEANS TO CONTRIBUTE, THEY DIDN'T HAVE THE  
20 FAMILY SUPPORT, ET CETERA.

21 THE OTHER THING I JUST WANT TO CLARIFY,  
22 TWO BUCKETS. SO WE HAVE WHAT'S CALLED THE PATIENT  
23 SUPPORT PROGRAM, WHICH IS WHAT WILL BE THE ACRONYM  
24 AS PSP. THAT IS AN INFRASTRUCTURE. THAT IN ITSELF  
25 PROVIDES A SERVICE FOR PATIENTS. SO THAT IS, IF YOU

1 CAN THINK OF IT THIS WAY, NOT ONLY THE  
2 INFRASTRUCTURE WHERE THE PATIENT NAVIGATORS WERE  
3 VERY WELL SEASONED AND UNDERSTAND THE SPACE AND CAN  
4 PROVIDE GUIDANCE TO PATIENTS AND HEALTHCARE  
5 PROVIDERS. THE TELEPHONY SYSTEMS BEHIND THE SCENE,  
6 THE SOFTWARE, ALL THAT INFRASTRUCTURE DOES PROVIDE A  
7 SERVICE TO PATIENTS. THE SPEED AT WHICH WE CAN GET  
8 INFORMATION, WE TALKED JUST RECENTLY, JUST NOW  
9 BROUGHT UP THE EDUCATION, THIS IS ANOTHER HURDLE  
10 THAT WE CAN ACTUALLY IMPLEMENT SOME EDUCATIONAL  
11 PROGRAMS WITHIN THE PATIENT NAVIGATORS TO THOSE  
12 PATIENTS AS WELL AS HEALTHCARE PROVIDERS. SO THAT'S  
13 IMPORTANT.

14 THE OTHER THING IS THE PATIENT FUND. SO  
15 WE'VE GOT THE OPERATIONS AND THE PATIENT FUND THAT  
16 WILL BE UTILIZED THROUGH THE OPERATIONS TO GET FUNDS  
17 TO THOSE PATIENTS. AND I'LL DESCRIBE THAT IN A  
18 LITTLE BIT MORE DETAIL, BUT I DO WANT TO SEPARATE  
19 THOSE TWO BECAUSE IT IS IMPORTANT. WITHOUT THE  
20 OPERATIONS, WE CAN'T BE COMPLIANT AND GET THE FUNDS  
21 TO THE PATIENTS IN A TIMELY MANNER, WHICH IS  
22 ABSOLUTELY CRITICAL, AS WELL AS THE EDUCATIONAL  
23 COMPONENT.

24 SO YOU'VE SEEN THIS SLIDE. THIS IS THE  
25 RECOMMENDED FIVE-YEAR TIMELINE. WE ARE TRACKING

1 WELL. WE'RE ACTUALLY A LITTLE BIT ABOVE, A LITTLE  
2 BIT EARLY, A LITTLE BIT, BUT TO BE HONEST WITH YOU,  
3 WE'RE AHEAD OF SCHEDULE. THIS IS A SLIDE FOR THE  
4 TIMELINE FOR THE INITIAL 15.6 ALLOCATION OF THE  
5 PATIENT ASSISTANCE FUND. WE'RE STILL IN YEAR ONE.  
6 I THINK WE'RE ABOUT FOUR MONTHS INTO THIS. WE ARE  
7 STILL DETERMINING THE MODEL. ALTHOUGH, TO BE HONEST  
8 WITH YOU, IF YOU READ THAT CONCEPT PLAN, I THINK WE  
9 HAVE A PRETTY GOOD IDEA OF WHAT WE WANT TO PUT IN  
10 PLAY.

11 SECOND, THERE'S THE GAP ANALYSIS. AND  
12 I'LL SPEAK TO THAT IN A FEW MORE MINUTES, BUT THAT  
13 IS ONGOING NOW. AND I ANTICIPATE THAT WE'LL  
14 PROBABLY HAVE A FINAL RESOLUTION IN TERMS OF WHAT WE  
15 WANT TO PUT IN PLAY FROM THE SERVICE PROVIDER  
16 STANDPOINT IN TERMS OF THE METRICS, IN TERMS OF WHAT  
17 WE WANT TO SUPPORT FROM A FINANCIAL STANDPOINT, AND  
18 WHERE THE TRULY UNMET NEED REALLY IS.

19 SO JUST AGAIN FOR RECAP, WE TALKED ABOUT  
20 ACTUALLY FIVE AREAS EARLIER THAT ARE ASSOCIATED WITH  
21 BARRIERS TO ENROLLING IN CLINICAL TRIALS.  
22 INFORMATIONAL, OUR CONCEPT CAN TAKE CARE OF  
23 LOGISTICAL COORDINATION. OUR PROPOSAL CAN TAKE CARE  
24 OF THAT FOR THE PATIENTS. IT'S REALLY THE FINANCIAL  
25 THAT WE'RE FOCUSING ON TO GET THOSE GRANULARITIES

1 WITH RESPECT TO THE DELTAS, THAT ADDITIONAL HUNDRED  
2 DOLLARS THAT WE CAN PROVIDE FOR, LET'S SAY,  
3 TRANSPORTATION, THE ADDITIONAL \$50 THAT WE CAN  
4 PROVIDE FOR GAS, ET CETERA. SO WE ARE GETTING TO  
5 THAT LEVEL, AND WE'LL HAVE THAT INFORMATION SOON

6 SO THINK OF IT THIS WAY. JUST A GRAPHIC.

7 THERE'S TWO ONGOING PARALLEL DEVELOPMENT TRACKS.

8 ONE, WE GOT THE GAP ANALYSIS THAT'S OCCURRING RIGHT  
9 NOW. WE'RE GOING TO EXPAND THAT. I'LL TALK ABOUT  
10 THAT IN A FEW MINUTES. BUT THE REALITY IS THE HEAVY  
11 LIFT, IN MY EXPERIENCE, IS WHEN YOU OPERATIONALIZE  
12 THESE PROGRAMS. 80 PERCENT OF IT IS REALLY AROUND  
13 THE OPERATIONS. WHO'S GOING TO PROVIDE THE  
14 SERVICES, THE QUALITY OF SERVICES THAT WE'RE GOING  
15 TO PROVIDE TO THE PATIENTS. THE COMPLIANCE, THE  
16 INFRASTRUCTURE, THE SCALABILITY, THAT'S ABOUT 80  
17 PERCENT OF THE HEAVY LIFT. THE GAP ANALYSIS, AS YOU  
18 CAN SEE FROM THIS GRAPHIC, IS REALLY GOING TO GIVE  
19 US THAT FINAL LAST 10 PERCENT, IF YOU WILL. WE CAN  
20 USE SOME SPORTS ANALOGIES. IF YOU'VE READ THE  
21 CONCEPT PLAN, I THINK WE'RE AT THE 20-, MAYBE EVEN  
22 THE 15-YARD LINE RIGHT NOW. WHAT WE ARE JUST  
23 WAITING FOR IS THAT ADDITIONAL GAP ANALYSIS  
24 INFORMATION THAT WE CAN TIE IN TO FINALIZE THE RFP.

25 SO THOSE ARE TWO WORK STREAMS THAT WE'RE

1 WORKING THROUGH CURRENTLY. A LOT OF WORK HAS BEEN  
2 DONE, AND WE'LL TALK ABOUT THE DRAFT CONCEPT IN A  
3 FEW MINUTES.

4 SO WITH RESPECT TO THE GAP ANALYSIS, CIRM  
5 WILL CONTINUE THE GAP ANALYSIS UTILIZING EXISTING  
6 ADMINISTRATIVE FUNDS. THIS IS NOT COMING OUT OF THE  
7 PATIENT ACCESS FUND. WE ARE SUPPORTING THAT  
8 INTERNALLY. WE ARE OPENING UP THE GAP ANALYSIS A  
9 LITTLE BIT MORE. WE HAVE REACHED OUT TO SOME OF THE  
10 COLLEAGUES ON THE CALL TODAY AS WELL AS THE ALPHA  
11 CLINICS, AND WE HAVE COLLECTED QUITE A BIT OF  
12 INFORMATION, QUALITATIVE INFORMATION. WE'D LIKE TO  
13 GET MORE QUANTITATIVE NOW. SO WE'RE GOING TO EXPAND  
14 THE GAP ANALYSIS. WE ARE BRINGING IN AN EXPERT  
15 CONSULTANT WHO CAN HELP FACILITATE THIS. WE ARE A  
16 FAIRLY SMALL SHOP AS OF NOW, AND WE ARE BUILDING THE  
17 MEDICAL AFFAIRS GROUP. THIS CONSULTANT WILL HELP  
18 GET US TO THE FINISH LINE.

19 SO THE RESULTS OF THIS GAP ANALYSIS WILL  
20 INFORM US ON A COUPLE OF THINGS. ONE, ENSURE  
21 REGULATORY COMPLIANCE AND AVOID DUPLICATED COST. I  
22 KNOW THAT'S A TERRIBLY SENSITIVE SUBJECT. WE WANT  
23 TO MAKE SURE WE ARE NOT DUPLICATING TAXPAYER MONEY  
24 WITH RESPECT TO THE COST OF SUPPORTING THESE TRIALS.

25 TWO, REFINE OR EXPAND THE SCOPE OF PATIENT

1 COSTS COVERED BY THE PATIENT ASSISTANCE FUND. WE  
2 WANT TO MAKE SURE WE ENSURE CONSISTENCY IN ALIGNMENT  
3 WITH OTHER CIRM PROGRAMS. WE ARE NOT CANNIBALIZING  
4 ANY OTHER PROGRAM THAT'S ALREADY IN PLAY. IF  
5 ANYTHING, WE'RE SUPPLEMENTING IT. IT'S GOING TO BE  
6 SYNERGY. AND PERHAPS FOR NEW PROGRAMS THAT MOVE  
7 PROSPECTIVELY, THIS MIGHT BE THE PROCESS FOR WHICH  
8 PATIENTS GET REIMBURSED FOR MANY OF THEIR ANCILLARY  
9 COSTS.

10 FINALLY, OPTIMAL COMPATIBILITY WITH CIRM'S  
11 INFRASTRUCTURE PROGRAMS. SO THERE ARE A NUMBER OF  
12 NEW CONCEPTS CHEWING AT THE BIT TO PRESENT TO THE  
13 AAWG WITH RESPECT TO ACCESS AND AFFORDABILITY  
14 SPECIFICALLY FOR GENE THERAPIES, CELL THERAPIES, ET  
15 CETERA. THIS CONCEPT IS GOING TO TIE INTO THE ALPHA  
16 CLINICS. AS YOU KNOW, WE'RE MOVING VERY RAPIDLY  
17 WITH OUR FIRST MEETING WITH RESPECT TO THE COMMUNITY  
18 CARE CENTERS OF EXCELLENCE. THIS IS ALL GOING TO  
19 TIE IN. IT'S BABY STEPS FOR RIGHT NOW, BUT IT IS  
20 PART OF THE FIVE-YEAR STRATEGIC PLAN.

21 SO JUST A REFRESHER. WHAT WE ARE LOOKING  
22 AT IS LOW HANGING FRUIT HERE. IT'S THE TRAVEL  
23 EXPENSES, IT'S ACCOMMODATION, IT'S THE MEALS, IT'S  
24 THE CHILDCARE, OUT-OF-POCKET HEALTHCARE EXPENSES.  
25 WE CONTINUE TO HEAR FROM INVESTIGATORS FROM SITES

1 THAT THIS IS, FOR AT LEAST THE THERAPIES THAT WE ARE  
2 SUPPORTING AND OTHER THERAPIES THAT ARE OUT THERE IN  
3 THE GENE THERAPY SPACE, THEY CONTINUE TO ACCRUE.  
4 RIGHT? THESE ARE NOT CHEAP THERAPIES BY ANY MEANS  
5 OR AT LEAST TRIALS. AND WE CONTINUE TO SEE  
6 INCREASES IN MOST OF THESE EXPENSES.

7 WHERE WE'RE STARTING TO SEE THE SIGNAL,  
8 QUITE FRANKLY, IS IN TRAVEL EXPENSES FOR PATIENTS  
9 AND FAMILY MEMBERS. I THINK THE LAST PRESENTATION I  
10 TALKED ABOUT CAR-T AND SOME OF THE REQUIREMENTS, NOT  
11 ONLY ON THE INDICATION, THE LABEL, BUT MORE  
12 IMPORTANTLY, EACH ONE OF THOSE SITES THAT HAS THEIR  
13 OWN REQUIREMENTS FOR PATIENTS AND THEIR FAMILY  
14 MEMBERS.

15 THE OTHER THING WE'RE STARTING TO SEE IS  
16 THE FDA. THE COMPETENT AUTHORITIES ARE ASKING FOR  
17 ADDITIONAL INFORMATION FROM THESE PATIENTS, FROM THE  
18 TRIAL. THAT PUTS MORE PRESSURE NOT ONLY ON THE  
19 SITES THAT HAVE TO MODIFY THE PROTOCOL AMENDMENTS;  
20 BUT, MORE IMPORTANTLY, IT PUTS MORE PRESSURE ON THE  
21 PATIENTS TO MEET THOSE DEMANDS. AND THAT MAY MEAN  
22 ADDITIONAL VISITS TO THE CLINIC ITSELF.

23 SO WHAT WE ARE SEEING IS CERTAINLY A  
24 SIGNAL IN TRAVEL EXPENSES. ONE OF THE REQUESTS OVER  
25 AND OVER IS ABOUT CHILDCARE. THAT SEEMS TO BE AN

1 AREA WHERE A LOT OF PATIENTS NEED SOME SUPPORT AND  
2 OTHER ANCILLARY HEALTHCARE EXPENSES. BUT, AGAIN,  
3 THROUGH THAT GAP ANALYSIS, WE'LL GET THE  
4 QUANTITATIVE INFORMATION THAT WE NEED TO SAY, HEY,  
5 LOOK, AAWG, THIS IS WHAT WE RECOMMEND. HERE'S WHAT  
6 WE GO AFTER, THESE THREE VARIABLES, AND HERE'S THE  
7 AMOUNT OF MONEY THAT WE CAN SUPPORT.

8 SO THAT'S IT WITH RESPECT TO THE GAP  
9 ANALYSIS. AND I'M PRETTY CONFIDENT IN THE NEXT TWO  
10 TO THREE WEEKS WE'LL HAVE THOSE METRICS THAT WE  
11 NEED.

12 FOR NOW I'D LIKE TO MOVE FORWARD TO THE  
13 CONCEPT PLAN. SO I KNOW THIS CAN BE A LITTLE BIT  
14 HEAVY, BUT HOPEFULLY EVERYBODY'S AT LEAST TAKEN A  
15 LOOK AT THAT. I THINK THE TAKE-HOME MESSAGE IS,  
16 AGAIN, WE'VE THOUGHT THROUGH THIS VERY CAREFULLY IN  
17 TERMS OF WHAT WE WANT THE TYPE OF SERVICE, AND IT'S  
18 REALLY ABOUT MOVING FORWARD WITH RESPECT TO  
19 FINALIZING THE CONCEPT PLAN WITH YOUR INPUT AND  
20 MOVING TOWARDS THAT RFP PROCESS.

21 CHAIRMAN TORRES: SEAN, I JUST WANT TO  
22 MAKE SURE THAT WE STOP FOR A LITTLE BIT TO ASK IF  
23 THERE'S ANY QUESTIONS AT THIS POINT BEFORE YOU MOVE  
24 ON. J.T.

25 CHAIRMAN THOMAS: THANKS, ART.

1 SEAN, CAN GAP -- YOU'RE GOING TO HAVE THE  
2 ANALYSIS COMPLETED IN THE NEXT TWO TO THREE WEEKS.  
3 CAN YOU PLAN TO GIVE A REPORT ON THAT TO THE BOARD  
4 IN SEPTEMBER?

5 DR. TURBEVILLE: OH, YES, CERTAINLY. THAT  
6 WILL BE PART OF THE PROGRAM, ABSOLUTELY.

7 CHAIRMAN THOMAS: THANK YOU.

8 CHAIRMAN TORRES: ANYONE ELSE? ALL RIGHT.  
9 GO AHEAD, SEAN. THANKS.

10 DR. TURBEVILLE: THANK YOU.

11 SO A QUICK SUMMARY OF THE CONCEPT PLAN.

12 AND WE CAN GET INTO GRANULARITIES IF YOU WANT, BUT I  
13 JUST WANTED TO GIVE YOU A HIGH OVERVIEW. SO NOT TO  
14 BE REDUNDANT, BUT THE DRAFT CONCEPT PLAN IN TERMS OF  
15 THE OBJECTIVES AND RATIONALE: ESTABLISH A PATIENT  
16 SUPPORT PROGRAM WITH FINANCIAL AND LOGISTICAL  
17 SUPPORT FOR PATIENTS EVALUATED OR ENROLLED IN  
18 CIRM-SUPPORTED CLINICAL TRIALS WITH THE AIM OF  
19 IMPROVING ACCESS; IDENTIFICATION, ENROLLMENT, AND  
20 RETENTION OF PATIENTS WITH EMPHASIS ON THE  
21 UNDERSERVED POPULATIONS.

22 TO ACHIEVE THESE AIMS, CIRM WILL OFFER A  
23 CONTRACT THROUGH A COMPETITIVE REQUEST FOR  
24 PROPOSALS, RFP. SO THE APPLICANTS FOR THE PSP WILL  
25 BE REQUIRED TO PROVIDE AN APPLICATION DESCRIBING A

1 NUMBER OF ITEMS. ONE, TELL ME ABOUT YOUR CALL  
2 CENTER OPERATIONS, THE INTERNAL CAPABILITIES, AND  
3 YOUR TECHNOLOGY. WITH RESPECT TO TECHNOLOGY, JUST  
4 TO GIVE YOU AN IDEA, THERE'S SOMETHING CALLED  
5 NATURAL LANGUAGE PROCESSING THAT YOU'RE PROBABLY  
6 FAMILIAR WITH ON THE ARTIFICIAL INTELLIGENCE SIDE.  
7 THIS HAS BEEN USED BY CALL CENTERS FOR EIGHT YEARS  
8 NOW.

9 TO GIVE YOU AN IDEA OF THE SPEED AT WHICH  
10 WE CAN PROVIDE INFORMATION TO PATIENTS AND THEIR  
11 HEALTHCARE PROVIDERS, WHEN A PATIENT CALLS, WHEN A  
12 HEALTHCARE PROVIDER CALLS, THAT ARTIFICIAL TOOL  
13 BEHIND THE SCENES IS ACTUALLY RECORDING WHAT THAT  
14 PATIENT IS ASKING AND WILL PULL UP INFORMATION THAT  
15 WILL HOPEFULLY RESPOND OR AT LEAST PROVIDE THE  
16 INFORMATION THE PATIENT NEEDS IN FRONT OF THE AGENT.  
17 THE AGENT DOESN'T EVEN HAVE TO TYPE IN ANYTHING WITH  
18 RESPECT TO A QUERY. THAT TECHNOLOGY IS ALMOST  
19 STANDARD INDUSTRY WITH MANY OF THESE CALL CENTERS.

20 SO THAT'S THE TYPE OF LEVEL OF SERVICE  
21 THAT I'M THINKING ABOUT FOR THE PATIENTS AND FOR THE  
22 HEALTHCARE PROVIDERS IN GENERAL.

23 THE OTHER THING IS TELL ME ABOUT THE  
24 PATIENT NAVIGATION CAPACITIES. THERE'S LOTS OF  
25 DIFFERENT SKILL SETS OUT THERE.

1 THE OTHER THING IS THEIR REIMBURSEMENT  
2 EXPERIENCE. TELL ME ABOUT YOUR EXPERIENCE WITH  
3 CLINICAL RESEARCH TRIAL PARTICIPATIONS. THAT'S  
4 DIFFERENT FROM POSTMARKETING ONCE YOU HAVE MARKETING  
5 AUTHORIZATION. SO THAT'S SOMEWHAT NICHEY.

6 THE OTHER THING IS THE REAL-TIME REPORTING  
7 CAPABILITIES. TELL ME ABOUT YOUR CAPABILITIES OF  
8 WHAT AM I LOOKING AT, IDENTIFY SIGNALS, WHERE CAN WE  
9 ACT, WHERE DO WE SEE GAPS, WHERE DO WE SEE WE'RE  
10 DOING A GOOD JOB. WE ARE CONSTANTLY EVALUATING  
11 THOSE CALL CENTERS WITH RESPECT TO PERFORMANCE

12 THE OTHER THING IS SCALABLE PATIENT  
13 SERVICES. WE'VE HEARD FROM MANY FOLKS HERE AS WELL  
14 AS OUTSIDE, FOR EXAMPLE, BEHAVIORAL HEALTH. WE'VE  
15 SEEN FROM THE ONCOLOGY SPACE HOW PRODUCTIVE THAT'S  
16 BEEN FOR PATIENTS. RIGHT. AND THERE'S A LOT OF  
17 QUESTIONS NOW ABOUT BRINGING OVER THAT LAYER OF  
18 SUPPORT TO NOT ONLY SICKLE CELL PATIENTS, BUT ALSO  
19 TO HEMOPHILIA AND OTHER THERAPEUTIC AREAS. SO, IN  
20 GENERAL, THAT'S WHAT WE'RE GOING TO BE ASKING AND  
21 EVALUATING THEM ON.

22 SO IN TERMS OF WHO CAN APPLY, WE ARE  
23 OPENING UP THE GATES FOR FOR-PROFIT AS WELL AS  
24 NOT-FOR-PROFIT ORGANIZATIONS. I DO WANT TO SEE A  
25 FULL SPATE OF PATIENT SUPPORT SERVICES OR AT LEAST

1 BE ABLE TO SCALE TO THEM. I DON'T WANT TO BUCKET US  
2 IN TO ONLY ONE SERVICE. THAT LIMITS OUR ABILITY TO  
3 SCALE FOR THE NEXT FIVE YEARS FOR GENE THERAPIES.  
4 AND THIS IS SORT OF AN ORGANIC PROCESS TO BE HONEST  
5 WITH YOU. WE'RE STILL LEARNING, RIGHT, THE KITES OF  
6 THE WORLD, THE CAR-T'S OF THE WORLD ARE STILL  
7 LEARNING ABOUT THE TRANSPORTATION, THE LOGISTICS, ET  
8 CETERA, WITH RESPECT TO THESE THERAPIES

9 SO I AM REQUESTING THAT WE CAN INITIATE  
10 SERVICES WITHIN 120 DAYS. THAT'S THREE MONTHS. WE  
11 FLIP THE SWITCH; WE'RE OPEN FOR SERVICE. THAT'S  
12 AFTER WE SIGN THE CONTRACT AND DO THE TRAINING.  
13 OBVIOUSLY, WE'RE LOOKING FOR CALIFORNIA OPERATING  
14 LICENSES. THOSE HERE IN THE STATE UNDERSTAND THE  
15 STATE'S THRESHOLD AS WELL AS SOME OF THE CHALLENGES  
16 AND OPPORTUNITIES FOR PATIENTS IN THE GENE THERAPY  
17 SPACE.

18 ALL OF THIS IS REALLY STANDARD. WE ARE  
19 ALSO LOOKING FOR SOPHISTICATED DATA AND TECHNOLOGY  
20 SERVICES. AGAIN, THIS IS INDUSTRY STANDARD. CAN'T  
21 TELL YOU HOW MANY TIMES WE REALLY BATTLE TEST BACKUP  
22 CAPABILITIES. THIS IS GETTING INTO THE WEEDS. I  
23 WANT TO SEE THE BACKUP CAPABILITIES IN CASE THE CALL  
24 CENTER GOES DOWN. THAT'S MANDATORY.

25 SO THAT'S SORT OF THE DUE DILIGENCE THAT

1 WILL BE REQUIRED FROM AN ELIGIBILITY STANDPOINT.

2 SO HOW WILL WE MONITOR THE PROGRAMS? SO

3 THERE THIS GETS A LITTLE GEEKY, BUT WE DO GET QUITE

4 IN THE WEEDS WITH RESPECT TO MONITORING. THIS HAS

5 TO DO WITH NOT ONLY THE FINANCIAL ASSISTANCE

6 SERVICES THAT WE'RE PROVIDING, WHO ARE WE PROVIDING

7 IT TO, BASIC EPIDEMIOLOGY, RIGHT, PERSON, PLACE, AND

8 TIME. WHAT'S THE UTILIZATION? WE'RE GOING TO GET

9 FEEDBACK, RIGHT, TO EXPAND THIS PROGRAM AND PROVIDE

10 A REGULAR LEVEL OF SPECIFICITY BASED ON THE

11 INFORMATION THAT WE'RE GETTING FROM THE CONTACT

12 CENTER. WHAT ARE THE NONCOVERED COSTS OF SERVICES?

13 WHAT ARE THE LOGISTICS WITH RESPECT TO TRAVEL?

14 WE ALSO WANT TO MAKE SURE THAT WE ARE

15 TYING THIS INTO THE ALPHA CLINICS AND THE FUTURE

16 COMMUNITY CARE CENTERS WITH REFERRALS AND

17 SATISFACTION. SO THERE'S A WAY FOR US TO ACTUALLY

18 REFER PATIENTS TO THESE SITES. SO IN ADDITION TO

19 WHAT THEY'RE DOING, THIS IS ANOTHER LEVEL THAT MIGHT

20 BE ABLE TO IDENTIFY PATIENTS THAT COULD BE GOOD

21 CANDIDATES FOR THE TRIALS.

22 I WON'T GET INTO THE PROGRAM DASHBOARDS.

23 I THINK YOU'VE SEEN THOSE IN PREVIOUS DISCUSSIONS

24 AND PRESENTATIONS. WE DO LOOK AT EVALUATION

25 MEASURES OF CASE MANAGERS. BELIEVE IT OR NOT, EVERY

1 CALL IS RECORDED. WE LISTEN TO THE CALL. WE THINK  
2 ABOUT HOW WE MIGHT BE ABLE TO IMPROVE THE CUSTOMER  
3 SATISFACTION AND THE LEVEL OF SERVICE THAT WE ARE  
4 PROVIDING TO THE PATIENTS.

5 AND IN CLINICAL TRIAL RECRUITMENT AND  
6 RETENTION SCORES, AND THEN THERE'S ALSO SOME  
7 INSTRUMENTS THAT WE CAN USE FOR PATIENT SATISFACTION  
8 SURVEYS TO MAKE SURE WE'RE GETTING GOOD FEEDBACK  
9 FROM THE PATIENTS, AND ARE WE HITTING THE MARK, ARE  
10 THERE THINGS THAT WE CAN IMPROVE UPON.

11 IN TERMS OF THE BUDGET ALLOCATION, I THINK  
12 YOU HAVE ALL SEEN THIS BEFORE. CIRM HAS ALLOCATED  
13 15.6 MILLION OVER FIVE YEARS FOR DIRECT PATIENT  
14 SUPPORT. WE HAVE ALREADY 600,000 ALLOCATED FOR THIS  
15 YEAR, REMAINING OF THE YEAR, WHICH CAN CARRY OVER TO  
16 NEXT YEAR, TWO MILLION IN THE 2023-24 COHORT, THREE  
17 MILLION AND THEN FIVE MILLION IN 2024-25.

18 I NEED TO MAKE THIS CLEAR. THE ENTIRE  
19 15.6 MILLION WILL BE ALLOCATED TO PATIENT SUPPORT  
20 SERVICES. THE ADMINISTRATION AND OPERATIONAL COSTS  
21 OF SERVICE WILL BE ALLOCATED FROM CIRM'S  
22 ADMINISTRATION BUDGET. AND WE ASSUME, THERE ARE  
23 SOME MODELING, BUT WE ASSUME THAT IT WILL BE LESS  
24 THAN 500,000 FOR THE FOUR- TO FIVE-YEAR PERIOD FOR  
25 THE ADMINISTRATION COSTS, ALL THE OPERATIONS. AND

1 THERE ARE QUITE A FEW ORGANIZATIONS THAT ARE JUST  
2 CHEWING AT THE BIT TO GET ACCESS TO THIS PROGRAM TO  
3 BE COMPETITIVE. AND I SUSPECT THEY'RE GOING TO BE  
4 HIGHLY COMPETITIVE BECAUSE IT IS SOMETHING UNIQUE,  
5 QUITE FRANKLY. THIS IS AN INDUSTRY, RIGHT. THIS IS  
6 A DIRECT PATIENT SUPPORT PROGRAM FOR THE PATIENTS OF  
7 CALIFORNIA.

8 AND THEN, FINALLY, SO SUMMARY AND NEXT  
9 STEPS BEFORE WE GET INTO THE GRANULARITIES AND I  
10 OPEN IT UP TO QUESTIONS. SO THE WAY WE'RE LOOKING  
11 AT THIS, WE ARE GOING TO CONTINUE WITH THE  
12 SYSTEMWIDE GAP ANALYSIS AND FINALIZATION OF THE  
13 CONCEPT PLAN. IF THE AAWG IS IN AGREEMENT WITH THE  
14 CONCEPT PLAN THAT WE POSTED TODAY WITH INPUT, WE  
15 WILL SHARE THIS WITH THE ICOC IN SEPTEMBER AND  
16 LAUNCH THE RFP PROCESS. AFTER THAT, THE RFP WILL BE  
17 POSTED AND APPLICATIONS WILL BE EVALUATED BY CIRM.  
18 WE HAVE A STANDARDIZED INSTRUMENT THAT I HAVEN'T  
19 PRESENTED, BUT THERE IS A METHODOLOGY FOR HOW WE  
20 ASSESS CONTACT CENTERS AND PATIENT SUPPORT SERVICES.  
21 THE CIRM TEAM WILL THEN MAKE A RECOMMENDATION FOR  
22 THE TOP CHOICES AFTER WE DO THAT DUE DILIGENCE  
23 INTERNALLY. AND THEN THE FINAL CONTRACT WILL BE  
24 BROUGHT TO THE ICOC FOR FINAL APPROVAL.

25 SO WITH THAT, I'M CERTAINLY CONSCIENTIOUS

1 OF TIME. WE'RE AT 2:40. I WANT TO PAUSE THERE AND  
2 SAY THANK YOU. AND, ART, LIKE TO OPEN IT UP FOR ANY  
3 COMMENTS .

4 CHAIRMAN TORRES: THANK YOU VERY MUCH,  
5 SEAN. I KNOW HOW HARD YOU AND MARIA MILLAN AND  
6 OTHERS, KEVIN MARKS ESPECIALLY AS WELL, HAVE WORKED  
7 ON THIS PROJECT. LET ME TELL YOU ONE THING WHICH IS  
8 VERY IMPORTANT TO ME. AND I KNOW BECAUSE I'VE HAD  
9 THESE PERSONAL DISCUSSIONS WITH THE GOVERNOR AND  
10 MEMBERS OF THE LEGISLATURE. THE FACT THAT WE  
11 MONITOR OR INTEND TO MONITOR THE EXPENDITURE OF  
12 THESE FUNDS IS EXTREMELY IMPORTANT. BECAUSE A LOT  
13 OF THE MEMBERS THAT I HAVE SPOKEN TO OVER THE YEARS  
14 DIDN'T REALIZE THAT WE MONITOR THE GRANTS. IF THE  
15 GRANTS AREN'T MEETING THEIR GOALS, WE REMOVE THE  
16 MONEY AND WE HAVE DONE SO. WE ARE VERY FISCALLY  
17 STRICT IN TERMS OF THE TAXPAYERS' MONEY IN RESPECT  
18 TO THE EXPENDITURE OF FUNDS RELATED TO STEM CELL  
19 RESEARCH AND THE PROGRAMS THAT WE PROVIDE.

20 SO CIRM WILL FUND SOME OF THESE PROGRAMS  
21 FOUR TO FIVE YEARS, USUALLY FIVE YEARS; BUT EVERY  
22 YEAR WE ARE INSTITUTING AN AUDIT TO ASSESS THE  
23 OVERALL IMPACT OF THE PROGRAM. IN OTHER WORDS,  
24 WE'RE GOING TO DO PERIODIC REVIEWS. AND IF THEY'RE  
25 NOT HOLDING THEIR COMMITMENT TO WHAT THEY PROMISED

1 TO DO FOR THE MONEY, THAT MONEY MAY NOT BE  
2 FORTHCOMING. AND WE'LL LOOK FOR OTHER APPLICANTS.  
3 SO I THINK PEOPLE ARE AWARE OF THAT, AND NOW THE  
4 TAXPAYERS NEED TO BE MORE AWARE OF THE FACT THAT WE  
5 ARE VERY STRICT FISCAL STEWARDS OF THE MONEY THAT  
6 THE PUBLIC HAS PROVIDED US.

7 AND LASTLY, BEFORE WE MOVE TO ANY  
8 QUESTIONS, THIS IS NOT THE END OF THE REVENUE  
9 STREAM. THERE WILL BE OTHER PATENTS THAT WILL COME  
10 AND ROYALTIES THAT WILL COME TO US IN THE VERY NEAR  
11 FUTURE. I DON'T KNOW HOW FAR ALONG THAT MAY BE, BUT  
12 THERE IS NO LIMIT TO WHAT MONEY CAN BE RECEIVED FROM  
13 THE ROYALTIES THAT WILL BE INCURRED FROM OTHER  
14 TREATMENTS THAT ARE DISCOVERED AND COME BACK INTO  
15 THIS PATIENT ASSISTANCE FUND. SO 16 MILLION IS NOT  
16 THE END-ALL OF THIS PROGRAM. OBVIOUSLY THOSE FUTURE  
17 INCOME SUPPORTS WILL BE COMING THROUGH THE  
18 LEGISLATURE PROCESS AS WE PROVIDE THEM WITH THIS  
19 INITIATIVE TO THE BEGIN WITH.

20 MARIA MILLAN, I WANTED TO TURN TO YOU IF  
21 YOU HAD ANY INPUT OR IMPACT BEFORE WE MOVE TO OTHER  
22 MEMBERS OF THE BOARD .

23 DR. MILLAN: NOT AT ALL. THIS IS  
24 EXCELLENT. WE REALLY LOOK FORWARD TO THE AAWG  
25 DISCUSSION SO WE CAN BRING THIS TO THE BOARD IN

1 SEPTEMBER.

2 CHAIRMAN TORRES: OKAY. TED.

3 DR. GOLDSTEIN: JUST VERY QUICKLY. AND,  
4 ART, I THINK IT'S GREAT THAT YOU TALK ABOUT IT. IN  
5 THE INSURANCE BUSINESS WE HAVE A WHOLE SEPARATE  
6 FUNCTION CALLED FRAUD, WASTE, AND ABUSE. AND IT'S  
7 KIND OF A WATCHDOG FUNCTION ON DOING REIMBURSEMENT  
8 AND ESPECIALLY WHERE ANY TIME THERE'S A POT OF  
9 MONEY, RIGHT, WE BECOME A TARGET OF FRAUDSTERS, AND  
10 WE NEED TO, OF COURSE, MANAGE THAT. AND IT'S GREAT  
11 THAT WE MADE THIS A PRIORITY.

12 THE ONE WORD THAT I THINK, AND THE SLIDE  
13 WAS GREAT AND I WOULD ONLY ADD ONE WORD, AND THAT IS  
14 EMOTIONAL SUPPORT. SO ALL THE PATIENTS ARE  
15 UNDERGOING SOME LIFE TRAUMA. AND THERE'S PATIENT  
16 SUPPORT JUST TO MAKE THE CONNECTION AND FACILITATE  
17 THE TRAVEL ARRANGEMENTS AND SO ON, BUT THERE'S ALSO  
18 AN EMOTIONAL SUPPORT. AND GETTING THE VENDORS TO BE  
19 ABLE TO SPEAK TO THAT AND DEMONSTRATE THAT, I THINK,  
20 WOULD BE USEFUL. IT'S SOMETHING WE ENGINEERED IN A  
21 CANCER CONCIERGE PROGRAM THAT I HELPED ORGANIZE, AND  
22 IT PROVES TO BE ESSENTIAL

23 CHAIRMAN TORRES: RIGHT. YOU'RE  
24 ABSOLUTELY RIGHT, WHICH IS WHY WE ADDED TWO MENTAL  
25 HEALTH PHYSICIANS TO THE BOARD WHEN WE WERE WRITING

1 PROP 14 BECAUSE BOTH BOB KLEIN, WHO SUFFERED A LOT  
2 WITH IS MOTHER WITH ALZHEIMER'S AND SON WITH  
3 DIABETES AND PASSED AWAY AT THE AGE OF 25, WAS WELL  
4 AWARE OF THAT EMOTIONAL SUPPORT AND HOW IMPORTANT  
5 THAT IT IS IN ADDITION TO THE PATIENT, BUT ALSO TO  
6 THE CAREGIVERS, THE FAMILY THAT ARE PART OF THAT  
7 WHOLE SCENARIO. AND HAVING BEEN A CAREGIVER FOR MY  
8 MOTHER AND FATHER IN YEARS PAST, I'M ACUTELY AWARE  
9 OF THE PRESSURES THAT A LOT OF PEOPLE CANNOT AFFORD  
10 TO PROVIDE FOR THEIR FAMILIES DURING THIS  
11 DISTRESSFUL PERIOD.

12 MR. ROWLETT, YOU HAD A COMMENT.

13 MR. ROWLETT: THANKS, SENATOR.

14 CHAIRMAN TORRES: AND ANN WILL FOLLOW.

15 MR. ROWLETT: AS YOU KNOW, WE'VE BEEN  
16 DOING A LOT OF WORK TO MORE EFFECTIVELY INCULCATE  
17 DEI IN OUR GWG RFP'S. AND SO I WANT TO MAKE SURE  
18 THAT THAT GETS CALLED OUT, AND THAT ANY APPLICANT  
19 WOULD HAVE TO DEMONSTRATE, NOT ONLY AN UNDERSTANDING  
20 AND APPRECIATION OF THE IMPORTANCE OF DEI, BUT  
21 REALLY HAVE IT REFLECTED IN THE RESPONSE. AND,  
22 THEREFORE, YOU NEED TO INCLUDE IT IN THE RFP SO THAT  
23 THE POPULATION THAT I ADVOCATE FOR ALL THE TIME, THE  
24 MEDI-CAL POPULATION, WHICH OFTEN IS UNDERSERVED, IS  
25 GIVEN, AGAIN, AN AMPLE OPPORTUNITY TO PARTICIPATE IN

1 THE TRIALS THAT ARE SO IMPORTANT .

2 CHAIRMAN TORRES: WOULD YOU PLEASE EXPLAIN  
3 WHAT DEI STANDS FOR SO THAT EVERYONE KNOWS?

4 MR. ROWLETT: DIVERSITY, EQUITY, AND  
5 INCLUSION. AGAIN, IT IS IN RESPECT TO THE UNSERVED  
6 AND UNDERSERVED IN OUR STATE THAT OFTENTIMES THAT  
7 THE CENTER ADVOCATES FOR VERY EFFECTIVELY RESIDE IN  
8 REGIONS OF OUR STATE WHERE SOME OF OUR TRIALS DON'T  
9 REACH OUT TO. AND SO WE WANT TO MAKE SURE THAT WE  
10 INCLUDE IT IN THE RFP .

11 CHAIRMAN TORRES: I ALSO WANT TO THANK PAT  
12 LEVITT AND ALSO HARLAN FOR BRINGING THE ATTENTION TO  
13 ME ON THE MEDI-CAL PATIENT POPULATION. I KNOW I  
14 HAVEN'T GOTTEN BACK TO YOU, BUT I HAVE BEEN WORKING  
15 ON IT WITH THE DIRECTOR OF MEDI-CAL AND ALSO WITH  
16 OUR SECRETARY.

17 ANN BOYNTON AND THEN HARLAN .

18 MS. BOYNTON: THANK YOU. I'M QUITE  
19 FAMILIAR WITH CALL CENTER OPERATIONS, LESS SO WITH  
20 THE PATIENT ASSISTANCE STRUCTURE. AND I KNOW WE  
21 INTENSELY MONITOR THE CALL CENTERS THEMSELVES. I  
22 WONDER IF THERE ARE EQUALLY ROBUST MEASURES AT THE  
23 BACK END FOR REIMBURSEMENT STRUCTURES, FOLLOWING ON  
24 WITH AL'S COMMENT AS WELL, THE DISTRIBUTION OF THE  
25 MONEY, THE EFFECTIVENESS OF THE SPEED OF THAT, OUR

1 ABILITY TO ENSURE THE PAYMENTS ARE BEING RECEIVED BY  
2 THE PEOPLE WHO NEED THEM. IS THAT SOMETHING THAT IS  
3 ROUTINE IN THESE KINDS OF SERVICES, SEAN? HAVE WE  
4 GOT A VERY ROBUST WAY TO RATE APPLICANTS ON THAT?

5 CHAIRMAN TORRES: PLEASE RESPOND, SEAN.

6 DR. TURBEVILLE: CERTAINLY. GREAT  
7 QUESTION. I DIDN'T GET IN THAT GRANULARITY, BUT WE  
8 DO MONITOR THAT. THAT'S A FISCAL RESPONSIBILITY.  
9 AND WHEN I GET BACK TO -- WHEN I MENTION SPEED,  
10 SPEED AT WHICH YOU GET THAT INFORMATION TO PATIENTS,  
11 SPEED AT WHICH YOU CAN GET THOSE FUNDS REIMBURSED,  
12 ABSOLUTELY. THOSE WILL BE IN WHAT WE CALL THE  
13 BUSINESS RULES WHEN WE START LAUNCHING THE PROGRAM,  
14 AND THAT IS -- ALL OF IT IS HIGHLY MONITORED. SO  
15 THE ANSWER IS YES TO BOTH OF THOSE

16 CHAIRMAN TORRES: HARLAN.

17 DR. LEVIN: I WANT TO PICK UP ON TWO OF  
18 THE COMMENTS AND MAYBE MAKE THREE COMMENTS BECAUSE  
19 OF THAT. ONE IS ON THE MENTAL HEALTH OR THE  
20 BEHAVIORAL HEALTH ISSUES. I THINK IT'S REALLY  
21 IMPORTANT FOR THAT AND FOR OTHER SERVICES THAT  
22 THERE'S A COMMITMENT TO INTEGRATE WITH WHAT THE  
23 CENTERS ARE DELIVERING ALSO. WE DON'T WANT PATIENTS  
24 TO GET DOUBLE PHONE CALLS OR NOT REALLY KNOW WHAT  
25 THEY NEED TO DO OR GOT CAUGHT IN A LACK OF

1 COORDINATED CARE. SO I JUST WANT TO BE SENSITIVE TO  
2 THAT.

3 AND THEN THE SECOND POINT, AND I THINK IT  
4 WAS INHERENT IN WHAT AL'S COMMENT WAS, BUT I JUST  
5 WANT TO ADD TO HIS COMMENT, IS IT'S NOT JUST ENOUGH  
6 TO, LIKE, REACH INTO UNDERSERVED AREAS OR MINORITY  
7 AREAS. IT'S HAVING THE CULTURAL COMPETENCE. THESE  
8 PEOPLE ARE HIGHLY VULNERABLE. THESE PEOPLE MEANING  
9 PEOPLE WHO NEED GENE THERAPY. AND IF YOU'RE NOT  
10 PROVIDING CARE AT A LEVEL THAT INSTILLS TRUST AND  
11 ALSO SENSITIVITY TO THEIR LIFE SITUATION, IT'S JUST  
12 NOT AS USEFUL. SO I WOULD REALLY LOOK FOR A  
13 SPECIFIC CALL-OUT ABOUT NOT JUST NUMBERS, BUT ACTUAL  
14 COMPETENCY IN THESE AREAS.

15 CHAIRMAN TORRES: I JUST WANT TO SAY THAT  
16 HARLAN WALKS HIS TALK BECAUSE I KNOW THE CITY OF  
17 HOPE, THROUGH HIS LEADERSHIP, HAS BEEN EXTRAORDINARY  
18 IN THAT REGARD. SO THANK YOU AGAIN, HARLAN.

19 DANA.

20 MS. DORNSIFE: I WAS JUST WONDERING, SEAN,  
21 IF THIS IS BUILT AS A TRUE REIMBURSEMENT PROGRAM  
22 WHERE YOU'RE REQUIRING THAT PATIENTS SUBMIT RECEIPTS  
23 FOR REIMBURSEMENT BECAUSE OTHERWISE YOU RUN INTO A  
24 1099 AND ADDITIONAL INCOME ISSUE THAT BUMPS  
25 POTENTIAL MEDICARE -- MEDICAID PATIENTS UP INTO A

1 HIGHER INCOME LEVEL.

2 DR. TURBEVILLE: SO WE'RE GOING TO MAP  
3 THAT OUT WITH THE PROCESS FLOW, TO BE HONEST WITH  
4 YOU. THERE'S A NUMBER OF DIFFERENT METHODOLOGIES  
5 THAT YOU COULD USE. I SHOULDN'T SAY NUMBER.  
6 THERE'S A COUPLE. FEDERAL POVERTY LEVEL IS  
7 SOMETHING THAT'S STANDARDIZED OUT THERE. WE WILL  
8 PROBABLY REQUIRE SOME INFORMATION FROM THE PATIENT  
9 WITH RESPECT TO INCOME AND WHERE THEY SIT WITH THE  
10 SES. THAT'S PROBABLY IMPERATIVE IF WE'RE STARTING  
11 TO GO AFTER CERTAINLY THE UNDERSERVED PATIENT  
12 POPULATIONS.

13 TO ANSWER THAT QUESTION, I WOULD STAY AWAY  
14 FROM RECEIPTS QUITE FRANKLY. WE CERTAINLY NEED TO  
15 VALIDATE THAT THEY'RE USING THE INFORMATION.  
16 THERE'S ALSO TRIAL CARDS THAT YOU'RE PROBABLY  
17 FAMILIAR WITH THAT ARE QUITE OFTEN USED IN THE  
18 INDUSTRY WITH RESPECT TO PATIENT SUPPORT AND THE  
19 CLINICAL TRIAL SUPPORT. SO I THINK --

20 DR. DORNSIFE: YOU CAN STILL -- IT'S STILL  
21 CONSIDERED ADDITIONAL INCOME THOUGH. WE CAN HAVE A  
22 CONVERSATION OFFLINE IF YOU'D LIKE TO. WE HAVE 16  
23 YEARS OF DOING THIS, AND WE'VE BUILT A REALLY ROBUST  
24 REIMBURSEMENT SYSTEM .

25 CHAIRMAN TORRES: RIGHT. SEAN, IF YOU CAN

1 CONNECT WITH DANA OFFLINE, I THINK THAT WOULD BE  
2 GREAT BECAUSE IT'S AN IMPORTANT POINT THAT PEOPLE  
3 ALWAYS ARE SUFFERING FROM BECAUSE THEIR INCOME  
4 INCREASES, NOT TO A DETRIMENT OF THEIR OWN, YET IT  
5 BECOMES ONE.

6 DR. TURBEVILLE: ABSOLUTELY. DANA,  
7 CERTAINLY OFFLINE I'D LIKE TO GET YOUR INPUT ON  
8 THAT.

9 CHAIRMAN TORRES: DR. PADILLA FROM THE  
10 GREAT AREA OF FRESNO.

11 DR. PADILLA: THANK YOU. I HAVE A  
12 QUESTION JUST ON THE LOGISTICS OF THE PROPOSAL.  
13 BECAUSE ALL THE RESEARCH AWARDEES ARE ALSO GIVEN  
14 FUNDING TO REACH OUT TO PATIENTS AND TO SUPPORT  
15 PATIENT RECRUITMENT AND SERVICES AND OTHER EXPENSES,  
16 HOW DO YOU MOLD THE TWO FUNDING STREAMS SO THAT  
17 THEY'RE NOT ON TOP OF EACH OTHER, BUT COHESIVE IN A  
18 WAY AND SMOOTH IN TRANSITION?

19 AND THEN I HAVE ONE MORE. THE SECOND  
20 QUESTION IS FOR THE INFRASTRUCTURE. IS THIS GOING  
21 TO BE BASED AT THE CIRM HEADQUARTERS? IS THERE  
22 ANOTHER WORKING GROUP, MONITORING GROUP, THAT'S  
23 GOING TO BE MANAGING THE RFP AND EVERYTHING THAT'S  
24 ASSOCIATED WITH THAT?

25 CHAIRMAN TORRES: SEAN .

1 DR. TURBEVILLE: CERTAINLY. GOOD  
2 QUESTION. SO WE ARE DOING THE ADVANCED IN-DEPTH GAP  
3 ANALYSIS NOW TO COME UP WITH A SOLUTION FOR HOW  
4 WE'RE NOT DUPLICATING COST WITH THE MONEY THAT'S  
5 ALREADY OUT THERE, RIGHT. SO THAT'S KIND OF THE  
6 RETROSPECTIVE OF WHAT WE'VE ALREADY FUNDED. WE'RE  
7 NOT GOING TO INTERVENE WITH THAT. WE'RE GOING TO  
8 LOOK AT AREAS WHERE WE MIGHT BE ABLE TO SUPPLEMENT  
9 THAT, WHERE WE MIGHT HAVE SOME ADDITIONAL RESOURCES.  
10 WHERE WE'RE COMPLIANT, WE MIGHT SAY, AS I MENTIONED  
11 EARLIER, WE HAVE SOME ADDITIONAL RESOURCES FOR  
12 TRAVEL THAT'S COMPLIANT WITHIN PHARMA GUIDELINES, IF  
13 YOU WILL. THERE'S ADDITIONAL RESOURCES FOR, LET'S  
14 SAY, AIRFARE OR HOTELS THAT WE MIGHT BE ABLE TO  
15 SUPPLEMENT FOR THOSE PROGRAMS.

16 MOVING FORWARD, HOWEVER, I THINK  
17 PROSPECTIVELY WE HAVE SORT OF A CLEAN SLATE. THAT'S  
18 SOMETHING WE NEED TO THINK ABOUT INTERNALLY.  
19 WHETHER WE CONTINUE THAT RETROSPECTIVE PROGRAM OR,  
20 IN FACT, WE DO A CLEAN SLATE, AND ALL OF THE PATIENT  
21 SUPPORT FUNDING ACTUALLY GOES TO THIS PROGRAM .

22 CHAIRMAN TORRES: AND THE OVERSIGHT WILL  
23 BE DONE THROUGH CIRM .

24 DR. TURBEVILLE: THAT'S CORRECT. SO  
25 CERTAINLY HAVE THE SKILL SET TO DO THOSE AUDITS. WE

1 WILL BE CONTRACTING OUT WITH A THIRD-PARTY PROVIDER  
2 THAT PROVIDES THESE SERVICES. SO THE ACTUAL CALL  
3 CENTER WILL NOT BE IN-HOUSE AT CIRM. IT WILL BE  
4 CONTRACTED OUT. I THINK THAT'S PRETTY CLEAR. WE  
5 HAVE THE RIGHT TO OBVIOUSLY GO IN ON MONTHLY BASIS.  
6 WE WILL BE LOOKING AT THOSE METRICS. SO THAT GIVES  
7 US FEEDBACK; BUT IN TERMS OF OFFICIAL AUDITS OF  
8 THOSE PROGRAMS, THAT WILL BE DONE BY CIRM.

9 CHAIRMAN THOMAS: ALL RIGHT. BEFORE WE  
10 MOVE TO PUBLIC COMMENT, ANY OTHER COMMENTS FROM  
11 MEMBERS OF THE WORKING GROUP? IS THERE ANY PUBLIC  
12 COMMENT? MARIANNE, IS THERE ANY PUBLIC COMMENT?

13 I'M SORRY I DIDN'T SEE YOU. PAOLA.

14 MS. ANDREA: THANK YOU SO MUCH. MY NAME  
15 IS PAOLA ANDREA. I AM THE MOTHER OF JAKOB GUZIAK.  
16 WE LIVE IN CANADA. FIRST OF ALL, I WANTED TO SAY  
17 THANK YOU ALL OF YOU FOR ALL YOUR RESEARCH, YOUR  
18 EFFORTS, AND SACRIFICES HERE. I HAVE BEEN KEEPING  
19 UP WITH THE MEETINGS, AND I KNOW THAT THE BUDGET IS  
20 REALLY TIGHT.

21 I WANTED TO SAY PLEASE DON'T GIVE UP ON  
22 OUR ADA-SCID CHILDREN. I BELIEVE THAT SAVING THESE  
23 CHILDREN WILL SHOW THE WORLD HOW NECESSARY GENE  
24 THERAPIES ARE AND HOW WE CAN IMPACT THE LIVES OF  
25 MANY PATIENTS WITH GENETIC DISEASES. I FEEL THAT

1 SOMETIMES PUTTING A FACE TO THE STORY WILL BRING NEW  
2 POSSIBILITIES FOR OTHERS TO FINALLY UNDERSTAND THAT  
3 WE CAN ACHIEVE LESS RISK IN TRANSPLANTS, LESS  
4 HOSPITAL VISITS, AND STILL MAKE OTHER THERAPIES  
5 EQUAL OR MORE PROFITABLE.

6 I JUST WANTED TO SAY THANK YOU TO ALL OF  
7 YOU BECAUSE OF ALL OF YOU, YOU CAN TALK ABOUT HOPE.  
8 AND LET'S SHOW THE WORLD THAT HOPE REALLY EXISTS.  
9 THANK YOU.

10 CHAIRMAN TORRES: THANK YOU BECAUSE WE  
11 KNOW THE SACRIFICES YOU ARE MAKING AS A PARENT AND  
12 CLEARLY IN OUR ADVOCACY. WE WANT YOU TO KNOW IT  
13 DOES NOT GO UNNOTICED.

14 OUR NEXT STEP AND OUR FINAL STEP, QUITE  
15 FRANKLY, IS TO ASK FOR A VOTE FROM THIS WORKING  
16 GROUP SO THAT I CAN REPORT TO THE FULL BOARD THAT  
17 THE WORKING GROUP HAS APPROVED THIS CONCEPT.  
18 OBVIOUSLY IT'S GOING TO BE CHANGING REGULARLY AS WE  
19 MOVE FORWARD, BUT IN TERMS OF THE ENTIRE CONCEPT  
20 WHICH SEAN HAS PRESENTED, I WOULD LIKE TO HAVE A  
21 VOTE OF THE WORKING GROUP SO WE CAN SAY -- WE DON'T  
22 NEED AN APPROVAL BY THE BOARD, BUT I DO WANT AN  
23 APPROVAL BY THE WORKING GROUP THAT WE CAN MOVE  
24 FORWARD TO THE NEXT STEPS THAT WE HAVE TO MAKE. IS  
25 THERE A MOTION?

BETH C. DRAIN, CA CSR NO. 7152

1 DR. HIGGINS: SO MOVED .  
2 CHAIRMAN TORRES: MOVED BY DR. HIGGINS,  
3 SECONDED BY --  
4 MR. ROWLETT: AL ROWLETT SECOND .  
5 CHAIRMAN TORRES: -- AL ROWLETT. ANY  
6 FURTHER DISCUSSION? MARIANNE, PLEASE CALL THE ROLL.  
7 MS. DEQUINA-VILLABLANCA: DAN BERNAL.  
8 MR. BERNAL: AYE.  
9 MS. DEQUINA-VILLABLANCA: ANN BOYNTON.  
10 MS. BOYNTON: AYE.  
11 MS. BONNEVILLE: JAMES DEBENEDETTI.  
12 MR. DEBENEDETTI: AYE.  
13 MS. DEQUINA-VILLABLANCA: DANA DORNSIFE.  
14 MS. DORNSIFE: AYE.  
15 MS. BONNEVILLE: TED GOLDSTEIN .  
16 MR. GOLDSTEIN: AYE.  
17 MS. BONNEVILLE: DAVID HIGGINS.  
18 DR. HIGGINS: AYE, YES.  
19 MS. BONNEVILLE: HARLAN LEVINE.  
20 DR. LEVINE: AYE.  
21 MS. BONNEVILLE: PAT LEVITT.  
22 DR. LEVITT: AYE.  
23 MS. BONNEVILLE: ADRIANA PADILLA.  
24 DR. PADILLA: YES.  
25 MS. DEQUINA-VILLABLANCA: AL ROWLETT.

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MR. ROWLETT: AYE.

MS. BONNEVILLE: DAVID SERRANO-SEWELL.

MR. SERRANO-SEWELL: AYE.

MS. BONNEVILLE: ADRIENNE SHAPIRO.

JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. DEQUINA-VILLABLANCA: ART TORRES.

CHAIRMAN TORRES: AYE. CAN WE CALL

ADRIENNE AGAIN? IS SHE STILL ON?

1 MS. DEQUINA-VILLABLANCA: SHE MAY HAVE  
2 DROPPED OFF .

3 CHAIRMAN TORRES: ALL RIGHT. THE MOTION  
4 CARRIES.

5 MS. DEQUINA-VILLABLANCA: THE MOTION  
6 CARRIES.

7 CHAIRMAN TORRES: THE MOTION CARRIES  
8 UNANIMOUSLY. AND I JUST WANT TO POINT OUT TO EACH  
9 MEMBER OF THE WORKING GROUP, THIS WAS A VERY  
10 HISTORIC VOTE, A VERY HISTORIC VOTE IN TERMS OF WHAT  
11 WE JUST DID. AND IT'S GOING TO BE LOOKED AT IN THE  
12 FUTURE AS TO HOW WE'VE ENCOMPASSED OUR EMBRACE OF  
13 PATIENTS AND PATIENT ADVOCACY TO MAKE SURE THAT  
14 PEOPLE HAVE ACCESS TO THE TREATMENTS THAT THE  
15 TAXPAYERS HAVE HELPED US PROVIDE. SO THANK YOU  
16 AGAIN FOR EACH AND EVERY ONE OF YOUR SERVICES TODAY  
17 AND ALSO FOR THE FUTURE. PAT YOURSELF ON THE BACK  
18 BECAUSE YOU DESERVE IT.

19 ALL RIGHT. ANY FURTHER QUESTIONS? IF  
20 NOT, THE MEETING IS ADJOURNED. THANK YOU SO MUCH.

21 (THE MEETING WAS THEN CONCLUDED AT 2:57 P.M.)  
22  
23  
24  
25

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON AUGUST 2, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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