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: JUNE 21, 2022
2 P.M.

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

FILE NO.: 2022-23

I N D E X

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

TUESDAY, JUNE 21, 2022; 2 P.M.

CHAIRMAN TORRES: MARIA, PLEASE CALL THE ROLL.

MS. BONNEVILLE: DOUG, WILL YOU START THE RECORDING?

DAN BERNAL. ANN BOYNTON.

MS. BOYNTON: HERE.

MS. BONNEVILLE: JAMES BENEDETTI.

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: AMMAR QADAN.

AL ROWLETT.

MR. ROWLETT: HERE.

MS. BONNEVILLE: MAHESWARI SENTHIL.

DR. SENTHIL: HERE.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

MS. BONNEVILLE: DAVID SERRANO-SEWELL.
MR. SERRANO-SEWELL: PRESENT.
MS. BONNEVILLE: ADRIENNE SHAPIRO.
MS. SHAPIRO: PRESENT.
MS. BONNEVILLE: JONATHAN THOMAS.
ART TORRES.
CHAIRMAN TORRES: HERE.
MS. BONNEVILLE: I THINK I GOT EVERYONE. DID I MISS ANYONE?
DR. PADILLA: YOU MISSED ME.
MS. BONNEVILLE: YOU KNOW WHAT? I THOUGHT SO. ADRIANA PADILLA.
DR. PADILLA: HERE.
MS. BONNEVILLE: GREAT. THANK YOU SO MUCH.
CHAIRMAN TORRES: SO WE STILL DON'T HAVE A QUORUM, CORRECT?
MS. BONNEVILLE: WE DO.
CHAIRMAN TORRES: OKAY. GREAT. CALL THE MEETING TO ORDER OF OUR WORKING GROUP. AT CIRM'S REQUEST, THE DEPARTMENT OF FINANCE HAS ESTABLISHED A SEGREGATED ACCOUNT WITHIN THE GENERAL FUND, WHICH IS THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE LICENSING AND ROYALTIES REVENUES FUND, TO RECEIVE ROYALTY REVENUES GENERATED FROM CIRM-FUNDED

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

INITIATIVES -- RATHER INVENTIONS. UNDER PROP 14 THESE FUNDS ARE REQUIRED TO BE DEPOSITED INTO AN INTEREST BEARING ACCOUNT IN THE GENERAL FUND AND, TO THE EXTENT PERMITTED BY LAW, THE AMOUNT SO DEPOSITED AND INTEREST THEREON SHALL BE APPROPRIATED FOR THE PURPOSE OF OFFSETTING THE COST OF PROVIDING TREATMENTS AND CURES ARISING FROM INSTITUTE-FUNDED RESEARCH TO CALIFORNIA PATIENTS WHO HAVE INSUFFICIENT MEANS TO PURCHASE SUCH TREATMENT OR CURE, INCLUDING THE REIMBURSEMENT OF PATIENT-QUALIFIED COSTS FOR RESEARCH PARTICIPATION.

BECAUSE CIRM IS IN THE PROCESS OF DEVELOPING AN INPATIENT ASSISTANCE PROGRAM, CIRM HAS WORKED WITH THE DEPARTMENT OF FINANCE AND A BUDGET CHANGE PROPOSAL INCLUDED THIS YEAR IN THE GOVERNOR'S BUDGET, ALREADY APPROVED, FOR AN INITIAL ALLOCATION OF $600,000 TO ASSIST CIRM IN ESTABLISHING THE CIRM PATIENT ASSISTANCE PROGRAM WITH THE REMAINING FUNDS TO BE APPROPRIATED TO CIRM OVER THE NEXT FIVE FISCAL YEARS: TWO MILLION IN 2023/24, THREE MILLION IN 2024/25, AND FIVE MILLION IN 2025/26 AND 2026/27.

CIRM PLANS TO USE THESE FUNDS TO ASSIST CALIFORNIA PATIENTS WITH INSUFFICIENT MEANS BY OFFSETTING THE COST OF OBTAINING TREATMENTS AND CURES ARISING FROM CIRM-FUNDED RESEARCH AND

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

PARTICIPATING IN CIRM-FUNDED CLINICAL TRIALS. THESE FUNDS WILL BE ADMINISTERED BY CIRM PURSUANT TO A CONCEPT PLAN PRESENTED TO US, THE CIRM ACCESSIBILITY AND AFFORDABILITY WORKING GROUP, FOR INPUT AND THEN A RECOMMENDATION BY US TO THE ICOC BOARD OF DIRECTORS FOR A FINAL VOTE.

SO, IN ESSENCE, NOTHING IS IN STONE AS WE SPEAK TODAY. WE ARE IN THE PROCESS OF PREPARING THE APPROACHES THAT WE MAY WANT TO TAKE AND, THEREFORE, RECOMMENDING VERY SHORTLY A RECOMMENDATION TO OUR OWN BOARD FOR THEIR APPROVAL. AND THEN WE CAN BEGIN THE PROCESS TO ESTABLISH AN RFP AND AN ADMINISTRATIVE PROCESS TO DETERMINE WHERE THESE FUNDS WILL GO AND WHO WILL BE RECEIVING THESE FUNDS BASED UPON A VERY COMPETITIVE AND IMPORTANT AND SIGNIFICANT REVIEW.

SO I'D NOW LIKE TO CALL UPON OUR VICE PRESIDENT FOR MEDICAL POLICY, SEAN TURBEVILLE.

DR. TURBEVILLE: THANK YOU, ART, FOR THAT INTRODUCTION AND DEFINING HOW WE'RE GOING TO PROCEED MOVING FORWARD.

SO LET ME START MY SLIDES AND WE'LL GO FROM THERE. I DON'T THINK I'VE SEEN ANY NEW FACES. AGAIN, AS ART MENTIONED, MY NAME IS SEAN TURBEVILLE. AND THIS IS, WHAT, MY SECOND ACCESSIBILITY AND

AFFORDABILITY WORKING GROUP. SO THIS IS A CONTINUATION ACTUALLY OF THE PRESENTATION THAT I GAVE ON MAY 17TH TO THE MEETING.

THE PURPOSE OF THIS PRESENTATION IS A COUPLE OF THINGS. ONE, FOLLOW UP ON THE PATIENT ASSISTANCE PROGRAM THAT WE PRESENTED DIFFERENT CONCEPTS ON MAY 17TH. THE OTHER THING IS TO START PRESENTING A LEAD OPTION BASED ON THE COMMENTS THAT WE RECEIVED FROM THIS TEAM, WHICH I'LL ADDRESS IN A FEW MINUTES, AND SPECIFICALLY ADDRESS THE LOGISTICAL AND FINANCIAL BOTTLENECKS THAT WE ARE OBSERVING AND OTHER ORGANIZATIONS ARE OBSERVING. THIS ISN'T NECESSARILY JUST A CIRM NARRATIVE BY ANY MEANS, BUT THEY'RE OBSERVING CELL AND GENE THERAPIES.

WE DO WANT TO PRESENT A FINAL CONCEPT BASED AFTER THIS DISCUSSION TO THE AAWG ON AUGUST 2D, AND THEN WE'RE TEED UP FOR THE MOST PART SEPTEMBER 29TH TO GO TO THE ICOC. AGAIN, THAT'S BASED ON THE GUIDANCE THAT WE ARE GETTING FROM YOU GUYS IN TERMS OF A FINAL CONCEPT PLAN THAT WE CAN PRESENT WITH RESPECT TO AN RFP TO THE BOARD. PERHAPS EVEN EARLIER. I KNOW THAT PUTS A LITTLE PRESSURE ON EVERYBODY IN TERMS OF SCHEDULING. I'LL LEAVE IT UP TO MARIA BONNEVILLE TO GIVE GUIDANCE IF BY ANY CHANCE WE CAN GET ON PEOPLE'S RADAR A LITTLE

BIT EARLIER THAN THE SEPTEMBER 29TH ICOC MEETING.

SO THERE'S BEEN SOME INTERESTING UPDATES WITH RESPECT TO PATIENT SUPPORT SERVICES JUST WITHIN THE LAST FOUR OR FIVE WEEKS. SO, ONE, CELL AND GENE THERAPY TRIALS, AS I'M LEARNING AS WELL AS OTHER FOLKS AS WELL, ARE UNIQUELY DEMANDING ON PATIENTS AND REQUIRE ADDITIONAL SUPPORT BEYOND THE TRADITIONAL CLINICAL TRIAL METHODOLOGY. AND TO SUPPORT THAT STATEMENT, RECENTLY I WAS IN DC ABOUT TWO WEEKS AGO FOR THE ALLIANCE FOR REGENERATIVE MEDICINE MEETING. THIS WAS ON JUNE 14TH. AND THERE WERE A NUMBER OF INITIATIVES THAT WE ARE DOING ON THE LEGISLATIVE SIDE WITH RESPECT TO PDUFA, ETC., BUT IT DID GIVE ME AN OPPORTUNITY TO SPEAK WITH ABOUT 40 OR 50 COMPANIES OUT THERE ABOUT SOME OF THE THINGS THAT WE'RE THINKING ABOUT ON PATIENT SUPPORT SERVICES AND WHAT THE BOTTLENECKS WERE FROM THEIR PERSPECTIVE ON THE CLINICAL OPERATIONS SIDE. AND IT WAS UNEQUIVOCALLY TRUE, AT LEAST IN MY EXPERIENCE SPEAKING TO THESE FOLKS, THAT THIS IS A NUMBER ONE PRIORITY, PARTICULARLY FOR SMALL COMPANIES, THAT THEY'RE SEEING THESE BOTTLENECKS ALL THE WAY ACROSS FROM ENROLLMENT TO POTENTIALLY COMMERCIALIZATION.

THE OTHER THING THAT WAS REALLY IMPRESSIVE IS WE HAD AN OPPORTUNITY TO LISTEN TO A PATIENT.

AND THIS WAS ONE OF THE PATIENTS THAT WENT THROUGH THE VERTEX TRIAL, CRISPR TRIAL AS WELL. I DON'T KNOW THE EXACT PATIENT NUMBER, BUT MANY OF YOU HAVE PROBABLY HEARD HIS PRESENTATION. IT WAS INCREDIBLY ENLIGHTENING TO LEARN ABOUT THE PATIENT JOURNEY ALL THE WAY FROM WHEN HE WAS A CHILD TO THE POINT WHERE HE WAS INFUSED WITH THE GENE THERAPY.

SOME OF THE INTERESTING DYNAMICS THAT HE BROUGHT UP, ONE, AND THIS WAS NOT A SOLICITED REQUEST BY ANY MEANS, BUT HE DID MENTION THE FACT THAT THE ANCILLARY COSTS ARE SIGNIFICANT FOR PATIENTS TO PARTICIPATE IN THESE TRIALS. THAT HE DID HAVE FINANCIAL RESOURCES, HE DID HAVE FAMILY RESOURCES TO BE ABLE TO PARTICIPATE IN THESE TRIALS, AND HE DID KNOW PATIENTS THAT WERE NOT ABLE TO PARTICIPATE SIMPLY BECAUSE OF THOSE TWO RATE LIMITING STEPS.

MANY OF YOU HAVE PROBABLY HEARD ABOUT THE ASCO PRESS RELEASE. MAYBE SOME OF YOU DID ATTEND ASCO. THE AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES, HOD, DID APPROVE JUST RECENTLY, THERE IS A PRESS RELEASE, ON THE ASCO-BACKED RESOLUTIONS ON ANCILLARY CLINICAL TRIAL COSTS. SO, IN SUMMARY, AND I CAN PROVIDE THIS FOR THE TEAM, WHAT THEY REQUIRED THE AMA TO DO IS START LOOKING AT AND DEVELOPING

STATE AS WELL AS FEDERAL LEGISLATION TO ALLOW SPONSORS OF TRIALS, WHETHER THAT'S INDUSTRY OR ACADEMIC, TO SUPPORT ALL ANCILLARY COSTS FOR THE TRIAL. SO THERE'S A MOVEMENT HERE.

THE OTHER THING THAT I'VE NOTICED, AT LEAST IN THE LAST FOUR WEEKS, AND I THINK GEOFF COULD CONCUR, IS THAT WE RECEIVED A NUMBER OF UNIQUE SLIDE DECKS FROM PATIENT ASSISTANCE PROGRAMS. SO IN THE LAST FOUR WEEKS, THERE HAS BEEN A PUSH FOR PROFIT AS WELL AS NONPROFIT ORGANIZATIONS. THEY ARE STARTING TO ADD SOME UNIQUE PATIENT SUPPORT MECHANISMS TO SUPPORT THE FINANCIAL BOTTLENECKS ASSOCIATED WITH GENE, PARTICULARLY CELL AND GENE THERAPY TRIALS. AND THIS ISN'T NECESSARILY JUST SPECIFICALLY GENE. IT ALSO HAS TO DO WITH GOING BACK TO THE ASCO PRESS RELEASE PARTICULARLY ON THE ONCOLOGY SIDE AS WELL WHICH WE SUPPORT.

THE SERVICES HAVE RANGED ALL THE WAY FROM OFFERING A NUMBER OF SUITE SERVICES, AGAIN I MENTIONED, FROM EARLY STAGE CONSENT ALL THE WAY THROUGH THE PROCESS AND EVEN TO THE POSTMARKETING ASSESSMENTS AND REQUIREMENTS. AND THEN I HAVEN'T EVEN LAYERED ON, TO BE HONEST WITH YOU, THE WHOLE DIGITAL HEALTH MOVEMENT THAT'S TAKING PLACE WITH RESPECT TO PATIENT SUPPORT SERVICES. JUST TO DROP A

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

NAME, VERILY IS ENGAGED WITH THIS. THERE'S AN OPPORTUNITY FOR US TO MEET WITH THEM AND START EXCHANGING IDEAS WITH RESPECT TO NOT ONLY THIS PROGRAM, BUT POTENTIALLY OTHER PROGRAMS THAT WILL IMPACT ACCESS AND AFFORDABILITY.

THAT'S A QUICK LITTLE UPDATE. HERE IS JUST BASICALLY A PLACEHOLDER, IF YOU WILL. IF YOU REMEMBER, WE DID PRESENT A COUPLE OF DIFFERENT BARRIERS WITH RESPECT TO ACCESS TO REGENERATIVE MEDICINES. WE'RE NOT GOING TO FOCUS ON THOSE TODAY. THE ONES THAT WE REALLY WANT TO FOCUS ON AND THAT RESONATED WITHIN THE COMMENTS THAT I RECEIVED, WHICH I'LL GET TO SHORTLY, ARE INFORMATIONAL, THE LOGISTICAL COORDINATION FOR PATIENTS AROUND THOSE TRIALS, AND MORE IMPORTANTLY THE FINANCIAL. AND WE THINK ABOUT PATIENT SUPPORT SERVICES, AT LEAST FOR THIS PROGRAM, WE REALLY ARE FOCUSING ON THE FINANCIAL AND LOGISTICAL COORDINATION. I THINK THE INFORMATIONAL IS A GIVEN. THOSE PATIENT NAVIGATORS THAT I MENTIONED EARLIER CAN PROVIDE AN ENORMOUS AMOUNT OF INFORMATION TO PATIENTS, NOT ONLY ON THE CIRM-SUPPORTED TRIALS, BUT POTENTIALLY OTHER TRIALS OUT THERE THAT ARE WITHIN OUR ALPHA CLINICS, ET CETERA.

SO JUST ANOTHER PLACEHOLDER. WHAT WE WERE

TALKING ABOUT EARLIER ARE TRADITIONAL ITEMS THAT ARE SUPPORTED THROUGH OUR CLINICAL TRIALS: THE TRAVEL EXPENSES, THE ACCOMMODATION, THE MEALS, THE CHILDCARE, THE OUT-OF-POCKET HEALTHCARE EXPENSES, THE ANCILLARY HEALTHCARE EXPENSES. THAT'S WHAT WE ARE SEEING UNIVERSALLY. IT'S NOT JUST CIRM FOR THE MOST PART. THERE ARE OTHER BENCHMARKS OUT THERE THAT ARE DEMONSTRATING THAT THAT'S WHERE THE COSTS ARE STARTING TO ACCUMULATE.

SO I DO WANT TO PROVIDE SOME DUE DILIGENCE AND VISIBILITY FOR ALL OF THE UPDATES AND COMMENTS THAT WE RECEIVED. I THOUGHT THEY WERE REALLY IMPRESSIVE. THEY PROVIDED GOOD GUIDANCE. AND IF YOU COULD BEAR WITH ME, I WOULD LIKE TO -- THIS SLIDE FOR THE MOST PART PROVIDES A CROSS-SECTIONAL SAMPLE OF ALL THE COMMENTS THAT WERE RECEIVED FROM THE TEAM. IF YOU COULD BEAR WITH ME, I WOULD LIKE TO READ THROUGH SOME OF THESE AND THEN MAYBE PAUSE TO SEE IF THERE'S ANY COMMENTS OR UPDATES TO THE SLIDE.

CHAIRMAN TORRES: SEAN, I THINK IT'S VERY IMPORTANT THAT WE GO THROUGH THIS BECAUSE THOSE OF US AT CIRM HAVE TAKEN VERY SERIOUSLY THE INPUT THAT WE HAVE BEEN RECEIVING FROM OUTSIDE THE AGENCY BECAUSE IT HELPS GUIDE US TO MORE FORMIDABLE

SOLUTIONS. THANK YOU.

DR. TURBEVILLE: THANK YOU, ART.

SO ONE COMMENT, VITAL TO PROVIDE PATIENT ASSISTANCE THAT COVERS RARE CONDITIONS, RECRUITS OUTSIDE THE ACADEMIC MODEL AND MONITORS METRICS. MANY OF YOU HAVE ALREADY BEEN EXPOSED TO THE PATIENT SUPPORT SERVICES, THOSE FULL MODELS, SO I THINK THAT IS REFLECTED IN SOME OF THESE COMMENTS.

A FULL SUPPORT SERVICE WITH PATIENT-COORDINATED CARE WILL ADDRESS THE HEADWINDS WITH RESPECT TO REGENERATIVE TRIALS.

THE COMMUNITY CARE CENTERS OF EXCELLENCE COULD ADDRESS THE CULTURAL, SOCIAL, AND EDUCATIONAL BARRIERS. PATIENT SUPPORT COULD ADDRESS THE FINANCIAL AND LOGISTICAL BOTTLENECKS.

I'M GOING TO PAUSE THERE JUST FOR A SECOND BECAUSE THE COMMENTS THAT WE DID RECEIVE WITH RESPECT TO THE ALPHA CLINICS AND THE COMMUNITY CARE CENTERS OF EXCELLENCE, THAT WAS FAIRLY NOVEL, TO BE HONEST WITH YOU. I DID NOT THINK ABOUT INCORPORATING THESE INTO THE PROGRAM. AND THAT'S PROVIDED ANOTHER LAYER THAT WE CAN START THINKING THROUGH OF HOW NOT ONLY CAN THIS PROGRAM SUPPORT THE ALPHA CLINICS FROM THE TOP-DOWN APPROACH, BUT ALSO THE COMMUNITY CARE CENTERS, WHICH IS ANOTHER

INITIATIVE THAT WE HAVEN'T REALLY ADDRESSED THAT I WILL BRING TO THE AAWG IN SUBSEQUENT MEETINGS.

CONSIDER ADDITIONAL FINANCIAL SUPPORT FOR ALL GRANT AWARDEES THROUGH AFFORDABILITY AND ACCESSIBILITY WORKING GROUP, THE AAWG. I DO WANT TO COMMENT I THINK THAT WE WILL BE CONTINUING THAT PROGRAM. THIS IS BY NO MEANS GOING TO BE CANNIBALIZING THAT PROGRAM. THIS IS GOING TO BE SUPPORTIVE ON TOP OF THAT. WE WILL MAKE SURE THAT THERE'S NO DUPLICATIVE PROCESS OR PAYMENTS, IF YOU WILL. AND THAT PROCESS IS UNDER WAY INTERNALLY WITH RESPECT TO THE GAP ANALYSIS.

UPDATE MEDI-CAL PHYSICIAN REIMBURSEMENT TO IMPROVE ACCESSIBILITY AND AFFORDABILITY. IF NOT, IT WILL BE DIFFICULT TO ADOPT NEW REGENERATIVE MEDICINE TREATMENTS FOR TEACHING HOSPITALS.

PROVIDE, 1, FINANCIAL SUPPORT; 2, CARE COORDINATION TO ADDRESS PATIENT'S OVERALL HOLISTIC NEEDS; 3, HEALTH BENEFITS COORDINATION TO ADDRESS THE HEADWINDS FROM INSURANCE COVERAGE; FOR EXAMPLE, PATIENT CARE OUTSIDE OF INSTITUTIONS; COVERAGE DELAY IN OR LACK OF COVERAGE DISCOURAGES PEOPLE FROM ENROLLING. SO CONSIDER ALL OF THESE WHEN YOU PRESENT YOUR RFP.

WE'VE HEARD FROM NUMEROUS COLLEAGUES HERE

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

ON THE FORUM TO FOCUS ON MEDICARE AND UNINSURED PATIENTS.

AND THEN FINALLY, THIS IS SOMETHING I WOULD LIKE THE OPPORTUNITY TO WRAP IN PROBABLY AT ANOTHER TIME, BUT ADDRESS THE FINANCIAL CONSTRAINTS/RESOURCES BY THE ALPHA CLINICS AND THEN THE COMMUNITY CARE CENTERS OF EXCELLENCE.

SO, ART, IF YOU DON'T MIND, I'D LIKE TO PAUSE THERE TO PERHAPS SEE IF THERE'S ANY HANDS UP FOR COMMENTS WITH RESPECT TO THE COMMENTS WE RECEIVED FROM THE TEAM.

CHAIRMAN TORRES: ANY QUESTIONS?

MS. BONNEVILLE: HARLAN HAS A QUESTION.

CHAIRMAN TORRES: YEAH. IF YOU COULD JUST POINT IT OUT, MARIA, BECAUSE I CAN'T SEE THE FULL SCREEN.

MS. BONNEVILLE: YES.

DR. LEVINE: SOME OF MY BEST INPUT IS WHILE ON MUTE.

SEAN, THANK YOU FOR THIS. I THINK IT'S A VERY THOROUGH UPDATE. TWO QUESTIONS.

IN TERMS OF HOW WE SUPPORT THIS AS A BODY, WHERE DO YOU THINK YOU ARE ALONG THE LEARNING CONTINUUM, MEANING CIRM'S NOT NEW, BUT I THINK THIS IDEA OF THE SUPPORT IS NEW. AND THERE'S ALWAYS A

PART OF ME THAT SAYS YOU GOT TO START SOMEWHERE, BUT YOU'VE GOT TO HAVE FLEXIBILITY BUILT IN BECAUSE WE'RE GOING TO FIND STUFF ALONG THE WAY WE HAVEN'T JUST THOUGHT OF. SO HOW DO WE ACCOUNT FOR THAT? LET ME JUST DO ONE AT A TIME. I ONLY HAVE TWO QUESTIONS, BUT I'LL STOP THERE AND GET YOUR THOUGHTS.

DR. TURBEVILLE: THANK YOU FOR THE QUESTION. SO THIS IS A NEW CONCEPT. THIS IS MORE OF AN ACTIONABLE CONCEPT THAT WE'RE GOING TO BE PUTTING OUT THERE FOR PATIENTS. WELL, TO USE THE PHRASE, THERE'S BABY STEPS TO BEGIN WITH. WHAT WE ARE THINKING ABOUT RIGHT NOW IS REALLY THE FINANCIAL, REALLY MAKING SURE WE UNDERSTAND THAT SPACE AND WE CAN PROVIDE THE SERVICE, AND THEN MOVING INTO THE COORDINATED CARE.

SO THERE IS GOING TO BE A LITTLE BIT OF EDUCATION INTERNALLY AS WELL AS A LEARNING PROCESS. WHAT'S UNIQUE ABOUT THE RFP IS A LOT OF THE INTEL THAT WE'RE TRYING TO SEEK IS REALLY OUTSIDE OF CIRM, TO BE HONEST WITH YOU. AND SO THERE'S AN OPPORTUNITY FOR US, NOT ONLY TO INITIATE BASIC SERVICES, BUT ALSO LEARN FROM THE GAP ANALYSIS WHILE THE SERVICE IS RUNNING. SO JUST AS A BENCHMARK, THERE ARE ORGANIZATIONS OUT THERE THAT RUN A HUNDRED

PATIENT SUPPORT SERVICE PROGRAMS, ALL UNIQUELY DIFFERENT, BUT THEY HAVE THE BENCHMARK OF ALL THE INFORMATION THAT WE CAN USE FROM AN INTEL STANDPOINT, AND WE WILL PUT THAT IN THE RFP THAT WILL HELP GUIDE THIS MOVING FORWARD.

SO I THINK IT'S GOING TO BE BABY SCALE TO BEGIN WITH, AND THEN WE'LL BE ABLE TO SCALE UP FROM THERE TO ADDITIONAL SERVICES DEPENDING ON THE GUIDANCE OF THE AAWG.

CHAIRMAN TORRES: ANYTHING ELSE TO ADD, HARLAN?

DR. LEVINE: YEAH. JUST A QUICK COMMENT. IN MY EXPERIENCE, MY CAREER HAS REALLY BEEN IN POPULATION HEALTH AND CARE MANAGEMENT AND NAVIGATION. THE POPULATIONS VARY DRAMATICALLY BETWEEN WHAT MEDICARE NEEDS ARE VERSUS MEDICAID OR MEDI-CAL. SO WE'RE GOING TO HAVE TO THINK ABOUT HOW DO YOU REALLY TAILOR TO THE NEED OF THE TARGETED SEGMENT.

AND THEN THE OTHER AREA THAT I THINK I WOULD JUST HIGHLIGHT IS THESE PATIENTS ARE GETTING TREATED BECAUSE THEY HAVE A CHRONIC ILLNESS OR SOME CONDITION. THE BEHAVIORAL HEALTH ASPECTS OF THAT HAVE REALLY BECOME CLEAR OVER TIME. I JUST THINK WHOEVER IS FILLING OUT RFP'S, YOU'VE REALLY GOT TO

BE DEALING WITH BEHAVIORAL HEALTH ISSUES IN ADDITION TO THE FINANCIAL STRESSES THAT PEOPLE MAY BE FACING. OTHERWISE YOU CAN GIVE THEM ALL THE MONEY AND SUPPORT IN THE WORLD. IF THEY DON'T HAVE THE STABILITY FROM A MENTAL HEALTH POINT OF VIEW, IT MAY BE HARD TO TAKE FULL ADVANTAGE OF IT.

CHAIRMAN TORRES: EXCELLENT POINT. I JUST WANT TO LET THE GROUP KNOW THAT I'VE BEEN IN DISCUSSIONS WITH SECRETARY GHALY, AND I'M GOING TO BE HAVING DISCUSSIONS WITH MICHELLE BASS, WHO HEADS UP MEDI-CAL FOR THE STATE, TO MAKE SURE THAT WE INTERFACE WITH THAT AGENCY BECAUSE IT'S, AS YOU SAID, HARLAN, VERY WELL PUT, IT'S THAT POPULATION THAT REALLY IS GOING TO BEG THE QUESTION OF WHETHER WE ARE COMPLYING WITH DIVERSITY ESPECIALLY.

DANA.

DR. DORNSIFE: HI, THERE. JUST A COUPLE, SEAN, COUPLE THINGS THAT YOU MIGHT WANT TO JUST TAKE A PEEK AT. SO LAZEREX CANCER FOUNDATION HAS BEEN CARRYING THIS EQUITABLE ACCESS TORCH FOR QUITE SOME TIME, BUT SPECIFICALLY IN RELATION TO CANCER. AND IN 2017 WE WERE ABLE TO PASS LEGISLATION IN HERE IN THE STATE OF CALIFORNIA THAT DOES IDENTIFY OUT OF POCKET EXPENSE AS A BARRIER. THAT BILL NUMBER IS AB 1823. I'M HAPPY TO SHARE THAT WITH YOU IF YOU

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

LIKE OR YOU CAN LOOK IT UP. JUST AS A FRAMEWORK OF REFERENCE FOR YOU, IT MIGHT HELP BYPASS SOME THINGS FOR YOU.

AND THEN, ALSO, WE WERE SUCCESSFUL IN GETTING THE FDA TO PUBLISH GUIDANCE LANGUAGE AROUND THE SAME THING, REGARDING REIMBURSEMENT OF OUT OF POCKET EXPENSE AND REALLY LOOKING AT THAT AS A PLATFORM OF PARITY. AND SO HAPPY TO SHARE THAT WITH YOU AS WELL IF YOU WOULD LIKE AND THEN JUST AS A GUIDELINE FOR YOU TO MOVE FORWARD.

AND THEN THE THIRD THING IS THAT IT'S BEEN OUR EXPERIENCE, AND WE'VE REIMBURSED LITERALLY THOUSANDS AND THOUSANDS OF PATIENTS IN CANCER CLINICAL TRIALS, HAS THERE BEEN ANY DISCUSSION AROUND REIMBURSEMENT OF TRAVEL EXPENSE FOR THE CARETAKER OR THE TRAVEL COMPANION BECAUSE I WOULD SAY HALF OF OUR PATIENTS, PROBABLY LIKE 47 PERCENT, REALLY NEED A TRAVEL COMPANION. THEY CANNOT TRAVEL BY THEMSELVES. THEY JUST CAN'T DO IT.

CHAIRMAN TORRES: I'M VERY MUCH IN SUPPORT OF THAT. AS A MATTER OF FACT, BOB KLEIN AND I TALKED ABOUT THAT AS WE WERE DRAFTING THE LANGUAGE FOR PROP 14 BECAUSE IN MY EXPERIENCE WITH ONE LEGACY, THE ORGAN TRANSPLANT FOUNDATION OUT OF LOS ANGELES, I'VE BEEN ON THEIR BOARD FOR OVER 20 YEARS,

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

ONE OF THE MOST IMPORTANT ELEMENTS IS TO MAKE SURE THAT THE CAREGIVER ACCOMPANIES THE PATIENT AND STAYS WITH THEM THROUGHOUT THE PROCESS. OTHERWISE IT CAN BE A VERY LONELY AND SCARY SOLO JOURNEY IF THAT DOESN'T HAPPEN.

SO FOR ME ANY RFP THAT WE PUT OUT IN THE FUTURE HAS TO INCLUDE THE OPPORTUNITY FOR THAT EXPENSE TO BE REIMBURSED.

MR. SERRANO-SEWELL: THANK YOU, SENATOR.

SO SOMETHING HARLAN MENTIONED WHICH GOT ME THINKING, AND THAT IS, SEAN, AS YOU WERE PRESENTING THIS TO THE FULL BOARD BASED ON OUR OBSERVATIONS, IT'S GOING TO GO TO THE FULL GOVERNING BOARD, THEY'LL MAKE THEIR DECISIONS AND SORT OF INFLUENCE IT AND PUT THE TIMELINE ON IT AS WELL. TIME BEING OF THE ESSENCE HERE, BECAUSE, AS THE SENATOR MENTIONED, THIS WAS A KEY COMPONENT, I'D LIKE TO THINK, IS A KEY COMPONENT TO THE INITIATIVE'S PASSAGE. SO THE RFP HAS THE SPECIFICITY AND FLEXIBILITY SO THAT WHEN YOU GET THOSE RESPONSES, THEY DON'T CHECK ALL THE BOXES, THEY CHECK ENOUGH OF THEM SUCH THAT YOU CAN CONTINUE WITH IT SO WE ARE NOT BACK HERE WITH SOME UNRESPONSIVE OR LACKING THE FULLNESS THAT THE GOVERNING BOARD MAY WANT, THAT THERE IS THAT DELEGATION OF AUTHORITY TO WHOMEVER WE

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

NEED TO BE DELEGATED TO, THAT THEY CAN HAVE THOSE DISCUSSIONS WITH THE SUCCESSFUL PROPOSERS OR HOWEVER YOU'RE GOING TO SHAPE IT.

CIRM HAS DONE A FANTASTIC JOB, AND THE REASON WHY IT'S BEEN SO SUCCESSFUL IS BECAUSE IT HAS BUILT IN SO MUCH FLEXIBILITY BECAUSE WHAT IT HAS BEEN DOING IS SO UNIQUE. SO PLEASE CONTINUE WITH THAT TRADITION WITH THIS IMPORTANT RFP AND INITIATIVE.

MY FIRST COMMENT AT THE FIRST PRESENTATION WAS MY COMFORT LEVEL, AND I DIDN'T SAY ANYTHING, BUT MY COMFORT LEVEL WITH THE TIMELINE WAS I THOUGHT IT WAS TAKING A LITTLE TOO LONG, BUT I UNDERSTAND THAT THESE ARE ALL THE STEPS, THESE ARE ALL THE MEETINGS, AND THESE ARE ALL THE DISCUSSIONS THAT WE HAVE TO HAVE, BUT I WOULD HATE TO SEE ANOTHER DELAY.

CHAIRMAN TORRES: WELL, THERE HASN'T BEEN ANY DELAYS.

MR. SERRANO-SEWELL: I KNOW. I KNOW, BUT I'D HATE TO SEE --

CHAIRMAN TORRES: AND QUITE FRANKLY, THAT'S WHAT PEOPLE SAID ABOUT YOUR COMMITTEE WHEN YOU WERE HEADING UP THE FACILITIES COMMITTEE. YOU'RE TAKING TOO LONG TO GET STEPS, YET YOU DID IT. AND IT'S GOING TO TAKE TIME. THERE'S NO QUESTION

ABOUT THAT. AND YOU RAISE SOME EXCELLENT POINTS BECAUSE, AT THE END OF THE DAY, THIS IS A NEW FRONTIER THAT WE ARE ADDRESSING AND CONFRONTING. WE'VE JUST GOT TO MAKE SURE WE GET IT RIGHT. WE MAY NOT GET IT RIGHT THE FIRST TIME, BUT I KNOW WE'RE GOING TO CONTINUE TO GET IT RIGHT AS WE MOVE ALONG. THANK YOU FOR YOUR WORK IN THAT AREA.

AL ROWLETT.

MR. ROWLETT: FROM MY EXPERIENCE IS THAT THE SOCIAL DETERMINANTS OF HEALTH, AND I THINK THAT THAT IS THE UMBRELLA THAT I TYPICALLY UTILIZE TO BEST SPEAK TO WHAT HARLAN WAS REFERENCING. ARE THERE PRIMARY IMPEDIMENTS TO PATIENT PARTICIPATION FOR THE UNINSURED AND MEDI-CAL POPULATION? AND ANY APPLICANT THAT RESPONDS TO THIS SHOULD BE ABLE TO DEMONSTRATE AN ABILITY TO ENGAGE IN AN EFFECTIVE WAY THAT GROUP OF CITIZENS OR INDIVIDUALS THAT UNDERPARTICIPATE IN TRIALS LIKE THIS AND TYPICALLY, AS WE HAVE DISCUSSED ON NUMEROUS OCCASIONS, ARE NOT REPRESENTED IN TERMS OF DIVERSITY, EQUITY, AND INCLUSION AS WELL. AND OFTENTIMES THOSE ARE COMMUNITIES OF COLOR WHERE YOU SEE THE SOCIAL DETERMINANTS OF HEALTH OR BEHAVIORAL HEALTH IMPEDIMENTS GETTING IN THE WAY OF THEM BEING ABLE TO PARTICIPATE.

SO BEING ABLE TO STRUCTURE AN RFP THAT SOLICITS AN APPLICANT'S ABILITY TO SUCCESSFULLY ENGAGE OR OVERCOME THOSE IMPEDIMENTS IS VERY IMPORTANT TO ME AND I THINK ADVANCES WHAT HAS CLEARLY BEEN ONE OF THE MORE IMPORTANT ELEMENTS OF OUR STRATEGIC PLAN: DIVERSITY, EQUITY, AND INCLUSION.

CHAIRMAN TORRES: HARLAN, I SEE YOU HAD SOMETHING ELSE TO ADD.

DR. LEVINE: YES, I DO. IT WAS BASED ON A COMMENT THAT YOU MADE, SENATOR. I THINK WE SHOULD, AS WE'RE GOING THROUGH THIS, WE SHOULD TRY TO MEASURE THE IMPACT OF THE PROGRAM BECAUSE ONE OF MY CONCERNS IS THAT CIRM WILL EITHER GO AWAY ONE DAY OR THINGS WILL NO LONGER BE PART OF RESEARCH. THEY'LL BE PART OF STANDARD OF CARE. AND THEN THERE'LL BE A DROP-OFF IN THE SUPPORT FOR PATIENTS. SO WE'LL DO ALL THE RIGHT THINGS DURING THE LEARNING PHASE; BUT AS IT BECOMES PART OF MAINSTREAM MEDICINE, WE WON'T HAVE SUPPORT, AND THEN WE'LL FIND WE HAVE THE SAME DISPARITIES IN HEALTHCARE AND ACCESS AFTER THESE THINGS HIT MAINSTREAM. SO I THINK WE'RE GOING TO WANT TO PICK UP PROOF POINTS ALONG THE WAY OF THE BENEFIT OF THE INTERVENTIONS AND WHY THEY RETURNED VALUE.

CHAIRMAN TORRES: EXCELLENT POINT. I THINK, SEAN, YOU MENTIONED TO ME A FEW WEEKS AGO THAT THERE WERE SOME COMPANIES THAT ARE ALREADY STARTING TO PROVIDE THIS KIND OF PATIENT ASSISTANCE. CAN YOU ENLIGHTEN US ON THAT?

DR. TURBEVILLE: CERTAINLY. I THINK WE'RE TALKING ABOUT METRICS HERE, AND THAT'S THE REASON WHY WE WANT TO GO TO A CENTRAL HUB, WHICH I'LL TALK ABOUT IN A FEW MINUTES WHEN WE TALK ABOUT THE RFP. WE NEED METRICS TO BE ABLE TO BENCHMARK AND LOOK AT IMPROVEMENTS, ACTUALLY CRITICAL. EVERY CALL CENTER THAT I'VE SET UP, THAT'S, I DON'T WANT TO USE THE TERM "INDUSTRY STANDARD," BUT THAT IS STANDARD IN MY EXPERIENCE.

SO I WOULD NEVER COME WITH QUALITATIVE METRICS, FOR THE MOST PART, BACK TO THE COMMITTEE. WE WANT TO LOOK AT QUANTITATIVE METRICS WHERE WE'RE MAKING IMPROVEMENTS, WHERE THE PATIENTS ARE DOING WELL, AND WHERE THERE'S AREAS THAT WE MIGHT BE ABLE TO IMPROVE ON.

CHAIRMAN TORRES: ADRIANA, THANK YOU AGAIN FOR YOUR COMMENTS. I READ YOUR E-MAILS WITH GREAT INTEREST. AND THANK YOU FOR GIVING US THAT INPUT. AND NOW IT'S YOUR CALL. GO AHEAD.

DR. PADILLA: THANK YOU. I'M LISTENING

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

REALLY WELL ON THE COMMENTS FOR DEVELOPING THIS RFP. MOST OF THE COMMENTS ARE FOCUSED ON THE AFFORDABILITY FOR PATIENTS PARTICIPATING IN RESEARCH TRIALS. I WANT TO FOCUS ON THE ACCESSIBILITY.

I'M FROM THE CENTRAL VALLEY, AND MOST OF CALIFORNIA IS EITHER RURAL OR FRONTIER. SMALLER AMOUNTS ARE IN THE LARGE URBAN CENTERS, BUT THAT'S WHERE ALL THE RESEARCH IS AT AT THIS POINT IN TIME. SO I AM REALLY WANTING TO MAKE SURE THAT WHATEVER RFP COMES FROM THIS COMMITTEE IS REALLY FOCUSING ON THE ACCESSIBILITY TO REALLY LOOK AT A DECENTRALIZED MODEL. THAT'S WHERE I WAS REALLY INTERESTED IN THE COMMUNITY CARE CENTERS OF EXCELLENCE AS A BASE HUB STARTING FROM MANY DIFFERENT LOCATIONS IN CALIFORNIA TO PROVIDE WHATEVER IT TAKES TO INFORM POTENTIAL PARTICIPANTS IN THESE RESEARCH PROGRAMS THAT ARE HAPPENING MORE IN LARGE TERTIARY CARE CENTERS, LARGE URBAN CENTERS, ET CETERA. SO I JUST WANTED TO MAKE THAT FOCUS A PART OF THIS RFP THAT'S COMING UP.

CHAIRMAN TORRES: THAT'S AN EXCELLENT POINT. YOU WELL KNOW, HAVING GROWN UP IN THE UNITED FARM WORKERS UNIONS, I'M REALLY SENSITIVE TO RURAL COMMUNITIES AND THEIR ACCESSIBILITY TO HEALTHCARE TODAY, WHICH IS STILL NOT ENOUGH AS FAR AS I'M CONCERNED.

SO I SEE DR. GOLDSTEIN. YOU HAD YOUR HAND UP, TED. DID YOU WANT SOMETHING TO ADD?

DR. GOLDSTEIN: SO JUST VERY QUICKLY, I THINK ONE OF THE THINGS HERE IS TO BE MINDFUL AND REINFORCING WHAT HARLAN SAID ABOUT HAVING SOME SUCCESS STORIES TO SHOW TO KEEP THE MOMENTUM GOING FOR CIRM. AND I THINK IN THIS RFP WE NEED TO GIVE THE ADVICE WE ALWAYS GIVE COLLEGE STUDENTS. YOU WANT TO T-SHAPE EDUCATION, BROAD IN MANY AREAS, DEEP IN AT LEAST ONE. AND SO IT SEEMS TO ME THAT CIRM TOUCHES A GREAT MANY DISEASE AREAS. WE NEED TO PICK PERHAPS A SMALL NUMBER TO GET STARTED WITH THAT WE WILL BE VERY SUCCESSFUL WITH SO THAT WE CAN SHOW THE WORLD WHAT WE'VE ACCOMPLISHED.

IT FEELS TO ME LIKE WE DO HAVE SOME EXCELLENT CHOICES AMONG THE CLINICAL TRIALS THAT ARE EMERGING, BUT I THINK WE MAY WANT TO REVIEW IN A FUTURE MEETING AND DISCUSS WHAT IS GOING TO ESSENTIALLY BE THE CLINICAL TRIALS THAT WE CAN SUPPORT, THAT WE CAN BRING TOGETHER ACCESSIBLE TO PEOPLE AND SUCCESS ON THE SCIENTIFIC FRONT.

CHAIRMAN TORRES: THANK YOU.

DAVID, I WANTED TO ASK YOU A FOLLOW-UP QUESTION. ON THE STEM CELL LABS ONE, WHEN YOU AND YOUR COMMITTEE, WHEN YOU WERE ON THE BOARD AT CIRM,

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

WHAT SPECIFIC ROADBLOCKS DID YOU ENCOUNTER IN TERMS OF OUTREACH?

MR. SERRANO-SEWELL: WE DIDN'T -- I CAN'T -- SENATOR, I CAN'T RECALL OFF THE TOP OF MY MIND AN OUTREACH CHALLENGE. THERE WAS A LOT OF EXCITEMENT AND INTEREST FROM THE INSTITUTIONS AROUND SEEKING THE FUNDS. BUT I CAN SHARE THAT THE COMMUNICATION WAS SO IMPORTANT IN JUST LETTING EVERYBODY KNOW THAT THEY WERE POTENTIAL APPLICANTS, IF YOU WILL, THAT THEY COULD ACCESS THOSE FUNDS EVEN IF ON THE FACE OF IT THEY MAY NOT BE AN INSTITUTION OR THEY MAY NOT HAVE THOUGHT OF THEMSELVES AS SOMEONE WHO COULD RECEIVE THE FUNDS. THEY WERE A RESEARCH INSTITUTION, BUT THEY MAY NOT HAVE BEEN AT THE SCALE OF A UC OR A STANFORD OR SOMEWHERE IN TORREY PINES. THERE WERE OTHER INSTITUTIONS OF SMALLER OR MEDIUM SIZE LEVEL THAT WE REACHED OUT TO, AND WE WERE ABLE TO GET THEIR INTEREST IN THIS.

AND THEN THE OTHER THING, OTHER OBSERVATION I WOULD LIKE TO SHARE IS ABOUT MIDCOURSE IN THE PROCESS, TOWARDS THE END, I GUESS, WE WERE SOME WAYS INTO IT, WE WERE ABLE TO DO, I WOULDN'T CALL IT A COURSE CORRECTION, BUT WE WERE ABLE TO MAKE SOME CHANGES IN THE RFP THAT ACTUALLY IN THE AWARD PROCESS WE WERE ABLE TO MAKE CHANGES BECAUSE

WE BUILT IN THAT FLEXIBILITY TO THE AWARD TO HAVE A GREATER NUMBER OF GRANT RECIPIENTS. AND THAT WAS SOMETHING THAT BOB AND I CAME UP WITH AND THE COMMITTEE CAME UP WITH. WE WERE ABLE TO SAY, HEY, LOOK. HOW CAN WE GET MORE PEOPLE INVOLVED IN THIS?

AND I COULD SHARE AT SOME OTHER TIME HOW WE DID THAT, BUT THE POINT BEING COMMUNICATION, TO YOUR POINT, IS KEY AND HAVING THAT FLEXIBILITY TO SAY, HEY, LOOK, WE MIGHT BE ABLE TO EXPAND THIS, AND HERE'S A WAY TO DO IT. LET'S HAVE A CONVERSATION AND LET'S ACT ON IT.

CHAIRMAN TORRES: OKAY. I THINK THE CHALLENGE ALSO WAS FOR THOSE SMALLER INSTITUTIONS THAT, ALTHOUGH OUR GRANTS WERE ABOUT 75 MILLION APIECE, GETTING THE EXTRA MONEY BEYOND THAT WAS THE CHALLENGE.

MR. SERRANO-SEWELL: THAT WAS IT. THAT WAS EXACTLY IT.

DR. MILLAN.

DR. MILLAN: THANK YOU SO MUCH. I DON'T WANT TO TAKE UP TIME IF OTHER MEMBERS WANT TO FIRST PIPE IN. BUT THERE WERE JUST THREE TOPICS THAT I WANTED TO BRING UP ONLY BECAUSE I THINK THEY'LL BE CRITICAL IN TERMS OF WHAT NEEDS TO BE DONE IN ORDER FOR US TO BE ABLE TO BRING SOMETHING TO THE BOARD.

SO IF I MAY.

CHAIRMAN TORRES: PLEASE.

DR. MILLAN: SEAN, WITH YOUR PERMISSION TOO, I'M JUST GOING TO BRING THESE THREE THINGS UP. OKAY?

DR. TURBEVILLE: CERTAINLY.

DR. MILLAN: MARIA BONNEVILLE IS THERE SO SHE CAN ALSO ADVISE US ON PROCESS.

I'D LIKE TO START OFF WITH A PROCESS ISSUE WHICH WAS BROUGHT UP. I THINK THE QUESTION WAS WHO IS GOING TO MAKE THE DECISION. LET'S SAY THE BOARD APPROVES THIS. IT SOUNDS LIKE A GREAT IDEA. THERE'S AN RFP. THEN WE HAVE APPLICANTS FOR THIS RFP AND THEN IT GETS ADJUDICATED. I WANTED TO JUST MAKE SURE THAT -- THAT'S CRITICAL, RIGHT, SO WE CAN BRING SOMETHING TO THE BOARD. BUT ONCE IT'S APPROVED, WE'LL BE SOLICITING RFP'S, AND THEN IT HAS TO GO THROUGH AN EVALUATION AND APPROVAL PROCESS.

SO I DO BELIEVE WE DRAFTED A PROCESS THAT I'D LIKE MARIA TO JUST, IF IT'S OKAY, ART, FOR MARIA TO REMIND THE TEAM WHAT THAT KIND OF LOOKS LIKE AS A DRAFT AND MAKE SURE WE ARE ALL ON THE SAME PAGE ON THAT. MARIA, DO YOU MIND?

MS. BONNEVILLE: NO, IF I CAN REMEMBER CORRECTLY.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

DR. MILLAN: YOU HAD A REALLY NICE FLOWSHEET.

MS. BONNEVILLE: THANKS FOR THE HEADS-UP.

CHAIRMAN TORRES: JUST TAKE SOME TIME, AND WE'LL COME BACK TO YOU.

DR. MILLAN: I CAN ACTUALLY -- IF YOU DON'T MIND, MARIA, THIS IS WHAT I REMEMBER, AND YOU CAN CORRECT ME IF THAT'S OKAY BECAUSE I DON'T WANT TO PUT YOU ON THE SPOT.

MS. BONNEVILLE: WHAT I RECALL IS THE RFP, THE AAWG IS ACTUALLY THE BODY THAT REVIEWS THE PROPOSALS THAT COME IN AND MAKES THE RECOMMENDATION AS TO WHICH ONE TO GO FORWARD WITH. AND THEN IT GOES TO THE BOARD FOR THE FINAL THUMBS UP. IS THAT WHAT YOU REMEMBER?

DR. MILLAN: YES, IT IS, MARIA.

CHAIRMAN TORRES: AS A COMPARISON, WE'LL BE OFF-ROADING LIKE A GRANTS REVIEW GROUP.

MS. BONNEVILLE: CORRECT.

CHAIRMAN TORRES: AND THEN REVIEW THOSE PROPOSALS THAT COME IN WITH THE INPUT FROM ALL OUR INCREDIBLE MEMBERS OF THIS GROUP AND THEN MAKE THAT RECOMMENDATION OR RECOMMENDATIONS TO THE FULL BOARD FOR THEIR APPROVAL.

DR. MILLAN: SO OUR TEAM WILL MAKE SURE,

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

UNDER SEAN'S LEADERSHIP, THAT WE BRING MATERIALS TO YOU SO YOU CAN EVALUATE TO THE BEST OF YOUR ABILITY, BUT YOU WILL BE THE RECOMMENDING BODY TO THE BOARD.

SO IN TERMS OF THAT CONCERN THAT YOU BROUGHT UP, DAVID, IN TERMS OF MAKING SURE THAT WE ARE REASONABLE, WE MAY HAVE ALL THESE ASPIRATIONS, BUT WHAT'S REALLY IMPORTANT, IT WILL BE UP TO THE AAWG TO DETERMINE THAT AND MAKE THOSE DETERMINATIONS AS THEY MAKE RECOMMENDATIONS.

THE SECOND THING IS DR. PADILLA'S COMMENT ABOUT THE IMPORTANCE OF THE COMMUNITY AND NOT BEING OVERLY CENTRALIZED TO THE -- THAT MAY DETER US FROM BEING ABLE TO SERVE THE COMMUNITY, AND SHE BROUGHT UP THE COMMUNITY. AND, DR. PADILLA, YOU BROUGHT UP THE COMMUNITY CARE CENTERS OF EXCELLENCE. I JUST WANT TO MAKE SURE THAT WE TRY TO TAKE THIS IN THE CONTEXT IN TERMS OF SEQUENCING AND TIMELINEWISE.

SO THE COMMUNITY CARE CENTERS OF EXCELLENCE CONCEPT PROPOSAL WILL NOT EVEN BE SOMETHING THAT IS -- IT'S SOMETHING THAT'S GOING TO BE DEVELOPED. AS SEAN HAD ALLUDED TO, HE'LL BE BRINGING IT TO THIS BODY FOR INPUT. THERE MAY BE WORKSHOPS OR ADDITIONAL INPUT IN TERMS OF WHAT THAT REALLY LOOKS LIKE. HOWEVER, I DO BELIEVE SEAN AND I AND THE TEAM HAVE BEEN TALKING ABOUT WE WANT TO

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

ABSOLUTELY ENSURE THAT, AS WE ROLL OUT THIS PROGRAM, THAT THIS WILL BE COMPATIBLE WITH SUPPORTING. SO IT WILL BE DRIVEN FROM THE COMMUNITY CARE CENTERS SIDE OF IT, IF YOU WILL, WHICH HAS A LOT MORE FUNDING OBVIOUSLY THAT CAN BE ATTACHED TO THAT. SO I JUST WANTED TO BRING THAT UP, DR. PADILLA.

DR. LEVINE: DR. MILLAN, ON THAT TOPIC, NOT TO BE A CONTRARIAN, BUT REALLY JUST TO RAISE THE QUESTION, SOME OF THESE THERAPIES REQUIRE A HUGE AMOUNT OF INTENSITY AND ACCESS TO SPECIALIZED INPATIENT CAPABILITIES. WE JUST NEED TO MAKE SURE WE MATCH UP VERY CAREFULLY WHAT THE CLINICAL COMMUNITY FEELS IS --

DR. MILLAN: ABSOLUTELY. PATIENTS FIRST. SO QUALITY HEALTHCARE, QUALITY CLINICAL TRIALS, QUALITY HEALTHCARE DELIVERY IS GOING TO BE PARAMOUNT TO ANYTHING WE DO, BUT IT'S JUST A MATTER OF HOW IT ALL GETS INTEGRATED AND THE FLOW OF ACCESS, AND THE FLOW OF OPPORTUNITIES CAN FLOW FROM THE COMMUNITY VIA THE BACK AND FORTH FROM THE ACADEMIC CENTERS.

I GUESS MY MAJOR REASON FOR BRINGING IT UP IS THAT WE DON'T HAVE THAT ALL FIGURED OUT YET, AND YOU WILL SEE ALL THAT, AND YOU WILL HAVE A CHANCE TO COMMENT ON THAT, DR. LEVINE, IN TERMS OF -- AS WELL AS OTHERS, OBVIOUSLY, ON THIS COMMITTEE AND EXTERNAL

EXPERTS IN TERMS OF THE BEST STRUCTURE AND FEASIBILITY OF WHATEVER GETS PROPOSED FOR STRUCTURE FOR COMMUNITY CARE CENTERS OF EXCELLENCE.

IF I MAY, THE THIRD THING, IF IT'S OKAY, AND I'M GOING TO LEAVE THE STAGE BECAUSE I THINK THAT IT'S MORE IMPORTANT THAT EVERYBODY HAVE THIS CONVERSATION, BUT I WANTED TO JUST BRING IT UP BECAUSE I DO BELIEVE THESE ARE CRITICAL GATING ITEMS. IF WE TAKE IT ON, IT COULD INHIBIT US FROM BEING ABLE TO COME UP WITH SOMETHING FOR THE VARIOUS REASONS THAT I BROUGHT UP.

THE THIRD THING, DR. GOLDSTEIN, IS CRITICAL. AND THAT IS YOU'RE ABSOLUTELY RIGHT. WE HAVE A DIVERSE PORTFOLIO OF 80 CLINICAL TRIALS, NOT ALL OF THEM ARE ACTIVE, MAYBE THERE ARE 45, 50 RECRUITING. I'LL HAVE TO ASK DR. CREASEY FOR THE EXACT NUMBERS. BUT WE HAVE A SIGNIFICANT NUMBER OF TRIALS THAT PROCESS ACROSS INDICATIONS AND TECHNOLOGY PLATFORMS. BUT I WANTED TO BRING UP THE IDEA THAT WHAT IS BEING PROPOSED ON THE PATIENT ASSISTANCE PROGRAM, IT PROPOSES -- IT'S NOT A DISEASE-SPECIFIC NEEDS PER SE. THEY ARE CROSSCUTTING NEEDS ACROSS TO ADDRESS ACCESS TO COMMUNITIES. SO THEY'RE CROSSCUTTING SOCIAL DETERMINANTS, THEY'RE CROSSCUTTING NEEDS OF

UNDERSERVED POPULATIONS, OR JUST CROSSCUTTING NEEDS OF THE POPULATION OR THE COMMUNITY AT LARGE FOR BEING ABLE TO PARTICIPATE IN THESE TRIALS.

SO I HOPING THAT ONE OF THE THINGS THAT I WANTED TO JUST SAY IS I DO BELIEVE THAT THE PROPOSED STRUCTURE AND SOME OF THE SCOPE THAT'S BEING DISCUSSED TODAY WOULD BE RELEVANT ACROSS DISEASE INDICATIONS AND ACROSS TRIALS. SO THOSE ARE JUST MY THREE STATEMENTS, SENATOR TORRES, AND I WILL JUST MUTE MYSELF.

CHAIRMAN TORRES: THANK YOU, DR. MILLAN.

I SEE ADRIENNE SHAPIRO, YOU HAD YOUR HAND UP.

MS. SHAPIRO: YES. I WANT TO THANK YOU FOR THAT CLARIFICATION BECAUSE I SAW THE CENTERS, AND I WAS LIKE, OH, MY GOD. WE HAVE TO DEFINE THEM. WERE WE HAVING OVERSIGHT? ARE WE DOING SPOKEN WILL MODELS? SO THAT'S SOMETHING THAT MADE MY STOMACH TURN. I WAS LIKE HOW ARE YOU GOING TO DO ALL THAT IN ENOUGH TIME.

I GUESS THE OTHER QUESTION I HAVE, AND MAYBE THAT WILL COME LATER IN THE RFP, WILL WE BE RESPONSIBLE OR WILL THERE BE SOME KIND OF GUIDELINES FOR GEOGRAPHICAL LOCATIONS? AND IS THAT SOMETHING THAT WE HAVE TO LOOK AT NOW?

CHAIRMAN TORRES: I THINK IN RESPONSE TO THAT QUESTION, ADRIENNE, WE AS A WORKING GROUP, WHEN WE'RE REVIEWING THE GRANTS, WE ESPECIALLY CONCENTRATE ARE THESE GRANTS COMING FORWARD WITH ENOUGH DIVERSITY IN THE PEOPLE THAT THEY'RE GOING TO CALL ON FOR CLINICAL TRIALS. SO THAT WORKING GROUP REALLY ADDRESSES THE GRANTS ON A CASE-BY-CASE BASIS. I THINK THAT'S GOING TO BE THE CASE HERE. WE ARE NOT GOING TO BE SUPPORTIVE OF PROPOSALS THAT DON'T TAKE INTO ACCOUNT THE GEOGRAPHIC AND ETHNIC AND RACIAL DIVERSITY OF THE STATE AND HAVING THOSE PEOPLE HAVE ACCESS TO THOSE TRIALS.

I THINK THAT SPEAKS TO -- I KNOW YOU'RE FAMILIAR WITH IT AND I KNOW ANN IS FAMILIAR WITH SENATOR PORTANTINO'S BILL, I THINK IT'S SB 97, WHICH TALKS ABOUT THAT VERY ISSUE. SO, YES, WE ARE GOING TO BE SENSITIVE TO THAT.

MS. SHAPIRO: OKAY. AND THE OTHER THING THAT KEEPS COMING IN MY MIND IS I HEAR US TALKING ABOUT REIMBURSEMENT; BUT WHEN WE TALK ABOUT REIMBURSEMENT FOR THINGS LIKE TRAVEL, IS THAT IN THE SENSE IT'S REIMBURSEMENT, JUST COVERAGE OF COSTS, OR IS IT REALLY ACTUALLY REIMBURSEMENT FOR, I'LL SAY, THE PATIENT OR THE PARTICIPANT BECAUSE THAT'S REALLY AN ISSUE TOO WITH A LOT OF THE PEOPLE?

CHAIRMAN TORRES: WE ARE NOT ALLOWED UNDER THE CONSTITUTIONAL INITIATIVE TO PROVIDE FOR REIMBURSEMENT FOR SALARIES. WE ARE ONLY ALLOWED TO REIMBURSE THOSE ISSUES THAT YOU SEE ON THE SLIDE THAT SEAN PUT UP. AND I THINK THE PROCESS FOR DOING THAT WILL BE HOW THE PROPOSERS TO ANY RFP SET OUT HOW TO DO IT AND WE EVALUATE IT.

MS. SHAPIRO: THANK YOU.

CHAIRMAN TORRES: THANK YOU.

ANYONE ELSE HAVE THEIR HAND UP? SEAN, YOU WANT TO CONTINUE.

DR. TURBEVILLE: CERTAINLY. SO JUST TO SUMMARIZE REAL QUICKLY. I DID HEAR A COUPLE OF THINGS.

CHAIRMAN TORRES: HOLD ON. PAT LEVITT HAD HIS HAND UP, AND I FORGOT TO CALL HIM.

DR. LEVITT: I'M NOT CLEAR ABOUT THE GEOGRAPHIC COMPONENTS. SO PATIENT FIRST. SO IT'S GOING TO BE DEPENDENT IN LARGE PART ON WHERE THE CLINICAL TRIALS ARE BEING DONE AND WHERE THE HIGHLY COMPLEX PROTOCOLS ARE BEING ADMINISTERED. AND SO THE QUESTION IS WHETHER THAT REQUIREMENT -- IS THERE A REQUIREMENT OF WHERE IT'S DONE? IS THERE A REQUIREMENT OF ACCEPTING --

CHAIRMAN TORRES: THERE ARE NO

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

REQUIREMENTS, PERIOD, YET BECAUSE WE DON'T HAVE ANY PROPOSALS BEFORE US TO EVALUATE.

DR. LEVITT: I UNDERSTAND THAT.

CHAIRMAN TORRES: I THINK THAT WHAT NEEDS TO HAPPEN IS THAT ONCE WE PUT OUT THE RFP'S, KEEP IN MIND, AND I WANT TO REMIND THE MEMBERS OF THIS WORKING GROUP, WE ARE THE ONES THAT ARE GOING TO EVALUATE THOSE PROPOSALS. AND THAT'S WHERE YOUR QUESTIONS ARE GOING TO BE SO RELEVANT, PAT.

DR. LEVITT: OKAY.

CHAIRMAN TORRES: SEAN.

DR. TURBEVILLE: THANK YOU. I JUST WANT TO RECAP REAL QUICKLY WHAT I HEARD FROM ALL THESE COMMENTS BECAUSE OBVIOUSLY THIS IS RECORDED AND I'LL GO BACK AND LISTEN TO IT.

ONE, REALLY SETTING UP A PROGRAM THAT HAS FLEXIBILITY, NOT ONLY COVERS THE THERAPEUTIC AREAS THAT MARIA JUST MENTIONED IN OUR CLINICAL TRIALS, BUT HAVING THE ABILITY WITH THE METRICS TO BE ABLE TO PIVOT, IF WE NEED TO, TO ADD IN ADDITIONAL LAYERS OF SERVICES IF WE NEED TO. HARLAN MENTIONED BEHAVIORAL. I DID NOT THINK ABOUT THAT. THERE ARE PROGRAMS OUT THERE THAT DO PROVIDE THOSE SERVICES. WE TALKED ABOUT ACCESSIBILITY AS WELL MORE AT THE COMMUNITY CLINIC SIDE. FURTHERMORE, WE TALKED ABOUT

GUIDELINES THAT I'VE HEARD ABOUT. CERTAINLY FAMILIAR WITH THOSE AND WITH THE FDA IN TERMS OF BEST PRACTICES.

SO CERTAINLY TAKING NOTES HERE.

MOVING ON TO THE NEXT SLIDE, WE DID TAKE A STAB, I'D SAY WE DID ABOUT 80 PERCENT OF THE THINGS THAT WE DISCUSSED TODAY. IN ADDITION TO THE NOTES, WE WILL UPDATE THIS, BUT THIS SLIDE ADDRESSES THE RFP CONCEPT THAT WE'RE GOING TO START DEVELOPING. I DON'T KNOW IF YOU WANT ME TO GO THROUGH EACH ONE OF THESE, BUT I THINK FOR THE MOST PART -- ACTUALLY LET ME DO THAT BECAUSE I THINK IT WILL RESONATE WITH MANY OF THE COMMENTS WE HAD TODAY.

CHAIRMAN TORRES: YES.

DR. TURBEVILLE: THANK YOU. ONE, OPEN THE RFP TO PROFIT AS WELL AS NONPROFIT AND PATIENT ADVOCACY ORGANIZATIONS. AS I MENTIONED EARLIER, IN THE LAST FOUR WEEKS, I WAS REALLY IMPRESSED WITH SOME OF THE PATIENT ADVOCACY ORGANIZATIONS THAT HAVE SOME REALLY ROBUST PROGRAMS. SO WE DEFINITELY WANT TO OPEN THE RFP FOR THEIR OPPORTUNITY.

WE DO WANT TO EMPHASIZE A HIGH-TOUCH, SINGLE POINT OF CONTACT. THIS GOES TO THE METRICS AND TO THE HUBS AND MAKING SURE THAT WE GET ALL THE INFORMATION TO MAKE DECISIONS AS WE'RE MOVING

THROUGH THIS FIVE-YEAR PROCESS. AND ALSO TO HAVE THE CONTENT CENTRALLY MANAGED.

WE WILL FOCUS ON FINANCIAL SERVICES THAT DIRECTLY SUPPORT PATIENT PARTICIPANTS IN CIRM TRIALS.

WE WILL SEEK ADDITIONAL RECOMMENDATIONS ON FINANCIAL CATEGORIES AND LIMITS. THAT IS A TOPIC FOR DISCUSSION. THAT'S OUTSIDE OF CIRM, TO BE HONEST WITH YOU. THERE'S A LOT OF MOVEMENT RIGHT NOW ABOUT WHAT THAT BENCHMARK IS. WE'RE DOING THAT GAP ANALYSIS, AND WE'LL PROVIDE SOME ADDITIONAL INTEL IN FUTURE AAW MEETINGS.

OBVIOUSLY WE WILL AVOID AT ALL COST THE DUPLICATE COSTS WITHIN OUR PROGRAMS.

EXPERIENCED PATIENT NAVIGATORS TO CONSIDER PATIENT AS WELL AS CAREGIVER NEEDS. I THINK THAT WAS MENTIONED EARLIER.

FINANCIAL SUPPORT FOR ALL INSURANCE TYPES. WE WILL FOCUS SPECIFICALLY ON MEDICARE, UNINSURED, AS WELL AS THE UNDERINSURED. AND AGAIN, AS HARLAN MENTIONED, THOSE NEEDS ARE A LITTLE BIT DIFFERENT DEPENDING ON THE TYPE OF INSURANCE AND PATIENT POPULATION.

WE'VE HEARD OVER AND OVER AGAIN ABOUT THE EXPERTISE IN RARE DISEASES.

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

TECHNOLOGY ENABLED FOR DATA AS WELL AS THE ANALYTICS.

CULTURAL ADAPTATIONS AND TRANSLATION. EVERY SINGE CALL CENTER THAT I'VE SET UP, THAT IS ACTUALLY A TRAINING REQUIREMENT, NOT ONLY ON LANGUAGE CAPABILITIES, MULTIPLE LANGUAGE CAPABILITIES, BUT ALSO UNDERSTANDING THE CULTURAL DIFFERENCES WITH RESPECT TO PATIENTS AND THEIR FAMILY MEMBERS THAT WILL BE CALLING IN.

FINALLY, AND THIS IS WHAT MARIA DISCUSSED, THE OPPORTUNITY FOR THE SITE OF CARE COORDINATION AND ABILITY TO COMPLEMENT THE ALPHA CLINICS AND COMMUNITY CARE CENTERS OF EXCELLENCE.

SO THAT WAS OUR FIRST STAB IN ADDITION TO THE COMMENTS THAT WE RECEIVE TODAY. WE WILL UPDATE THIS.

I THINK THE NEXT STEP IS THAT WE ARE STILL FOCUSED ON THIS FIVE-YEAR TRAJECTORY. THERE'S NOTHING THAT'S SYSTEMATICALLY CHANGED ON THIS PROJECTION.

CHAIRMAN TORRES: RIGHT. WE ALSO NEED TO MAKE SURE THAT ONCE WE HAVE SOME PROPOSALS THAT WE WOULD, RATHER DRAFTS OF RFP'S, I WOULD REALLY APPRECIATE THAT THE WORKING GROUP BE GIVEN ACCESS TO THAT FOR THEIR INPUT IN CASE WE'VE LEFT ANYTHING

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

OUT.

DR. TURBEVILLE: THANK YOU.

I WANT STRESS TEST TO SEE IF THIS RESONATES WITH EVERYBODY. ONE, WE'D LIKE TO PRESENT A FINAL CONCEPT PLAN BASED ON THESE COMMENTS, DIGEST ALL THIS INFORMATION, COME BACK TO YOU, I THINK, ON AUGUST 2D WITH A MUCH MORE POLISHED RFP PROPOSAL AND GET YOUR INPUT. UPON YOUR RECOMMENDATION, IF WE HAVE TO TWEAK ANYTHING AT THAT POINT, GET THE GREEN LIGHT TO PRESENT TO THE ICOC ON SEPTEMBER 29TH OR POSSIBLY EARLIER, I'LL THROW THAT OUT THERE, BUT I THINK THAT'S PUSHING THINGS ON THE SPEED FRONT. WITH THAT, LET ME PAUSE HERE TO SEE IF THERE'S ANY OTHER ADDITIONAL COMMENTS OR RECOMMENDATIONS.

CHAIRMAN TORRES: OF COURSE I HAVE SOME ADDITIONAL COMMENTS. PEOPLE SAY HURRY UP, WHY IS THIS BEING DELAYED, ETC., ETC. THOSE ARE LEGITIMATE CONCERNS, AND I'M VERY SENSITIVE TO THAT. BUT LET'S ALSO KEEP IN MIND, AND NOT EVERYBODY IN THE WORKING GROUP WILL KNOW THE BACKGROUND STORY HERE, IF I HAD NOT INTERVENED AND IF WE HAD NOT INTERVENED WITH THE DEPARTMENT OF FINANCE TO PUT THIS LANGUAGE TO APPROVE AT LEAST THE FIRST 600,000 OF THIS MONEY INTO THE BUDGET, WE WOULD HAVE TO HAVE WAITED TILL JANUARY 1 OF 2023 TO EVEN BEGIN THE DISCUSSIONS OF

HOW TO CREATE A PROGRAM ON HOW TO SPEND THIS MONEY.

SO I THINK THAT WE'RE ACCELERATING THIS PROGRAM AS QUICKLY AS WE CAN, BUT KEEP IN MIND, IF WE HAD NOT INTERVENED EARLY ON IN THIS CURRENT BUDGET, WHICH WAS APPROVED ON JUNE 15TH, WE WOULD HAVE HAD TO HAVE WAITED FOR THE OTHER BILLS TO TAKE EFFECT, WHICH WOULDN'T HAVE BEEN UNTIL JANUARY 1 OF 2023. I KNOW WE'RE GOING TO MOVE AT ALL DELIBERATE SPEED, AND I JUST WANT TO ASK FOR THE PUBLIC'S PATIENCE AND ADVOCATES' PATIENCE ON THIS. THIS IS OUR FIRST TIME IN TRYING TO CONFRONT THIS, AND THERE ARE MANY CHALLENGES, AND WE'LL GET THROUGH IT. BUT I JUST WANT TO MAKE SURE THAT, AS WE DO THAT, WE KEEP THE PROCESS TRANSPARENT, NO. 1; AND, NO. 2, THAT WE RECEIVE AS MUCH INPUT AS POSSIBLE IN RESPECT TO THE NATURE AND THE SCOPE OF ANY RFP'S. AND, THEREFORE, THAT WILL HAVE A LOT TO DO WITH THE EVALUATION PROCESS THAT WE AS A GROUP WILL DO WHEN WE FINALLY MAKE OUR FINAL RECOMMENDATIONS TO THE FULL BOARD. THANK YOU. GO AHEAD.

DR. TURBEVILLE: I THINK WE HAVE SOME MORE QUESTIONS. I THINK HARLAN HAS HIS HAND UP.

CHAIRMAN TORRES: HARLAN, I SEE YOUR HAND UP.

DR. LEVINE: SEAN, THANK YOU AND, SENATOR,

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

THANK YOU. THREE QUICK COMMENTS.

ON THE SLIDE THAT MENTIONED PAYER GROUPS, I DID NOT SEE MEDI-CAL. I KNOW WE TALKED ABOUT IT. SO IF THAT'S MISSING, WE WOULD REINSERT. I'M NOT EVELYN WOOD, SO I MIGHT HAVE JUST NOT READ IT IN TIME. NO. 1.

NO. 2, I REALLY LIKE THE COMMENT ABOUT NOT DUPLICATING COSTS. IT'S GOING TO GET TRICKY BECAUSE WE HAVE A GROWING -- WELL, EVERYONE IN MEDI-CAL IS PART OF A MANAGED CARE PROGRAM WHERE SOME OF THESE SERVICES SHOULD BE COVERED. AND THEN AS PEOPLE MOVE TO MEDICARE ADVANTAGE, SOME SHOULD BE COVERED AS WELL. YOU DON'T NEED TO GET AS FORMAL AS DELINEATION OF FINANCIAL RESPONSIBILITY, BUT I THINK WE OUGHT TO FIGURE OUT LET'S NOT DOUBLE INVEST IN SOMETHING IF WE'RE ALREADY PAYING FOR THOSE SERVICES.

AND THE THIRD ONE IS --

CHAIRMAN TORRES: ON THAT POINT, HARLAN, IF YOU LOOK AT BULLET NO. 5 ON PAGE 6 OF SEAN'S PRESENTATION, IT SAYS TO UPDATE MEDI-CAL PHYSICIAN REIMBURSEMENT TO IMPROVE ACCESSIBILITY.

DR. LEVINE: RIGHT. RIGHT. AGREE. THAT MAY BE HARD TO DO, BUT I THOUGHT IT WAS A WORTHY ASPIRATION TO DO THAT.

CHAIRMAN TORRES: RIGHT. RIGHT.

DR. LEVINE: AND THEN THE LAST COMMENT I WOULD MAKE IS WE SHOULD BE PRESCRIPTIVE WHEN -- WE CAN TALK ABOUT THIS ON THE FINAL -- NEXT MEETING, BUT, AS I SAID, I THINK THE POPULATION OF THE SEGMENTS ARE SO DIFFERENT, WE SHOULD BE VERY, VERY PRESCRIPTIVE OR SPECIFIC WITH RFP APPLICANTS. DO THEY HAVE TO APPLY ACROSS THE ENTIRE POPULATION OR CERTAIN SUBSEGMENTS BECAUSE THERE MAY BE VENDORS THAT ARE VERY GOOD AT SOME AND NOT IN OTHERS, AND WE JUST NEED TO TAKE THAT ALL INTO CONSIDERATION.

CHAIRMAN TORRES: EXCELLENT POINT. AGAIN, I JUST WANT TO REITERATE THAT AS THIS PROCESS EVOLVES, AND I KNOW MANY OF YOU MAY NOT HAVE BEEN SIGNING UP FOR SUCH A LOT OF HARD WORK, BUT I JUST VALUE YOUR INPUT. AND SO YOU WILL BE PART OF THIS PROCESS, AND IT'S GOING TO TAKE SOME TIME. SO, AGAIN, I WANT TO THANK YOU ALL FOR VOLUNTEERING YOUR TIME TO DO THIS. AND I KNOW YOU'RE ALL DOING IT BECAUSE OF YOUR PASSION AND COMMITMENT TO PATIENTS.

SEAN, ANYTHING ELSE YOU WANT TO ADD BEFORE WE SIGN OFF?

DR. TURBEVILLE: NO, SIR. THAT'S IT. THANK YOU.

CHAIRMAN TORRES: DR. MILLAN, ANYTHING?

DR. MILLAN: IT WAS AN EXCELLENT MEETING. THANK YOU FOR THE INPUT. I THINK THAT WHEN WE BRING SOMETHING BACK, AGAIN, WE'RE GOING DO OUR VERY BEST. SEAN IS REALLY WORKING HARD ON THIS, BUT WE'RE GOING TO MAKE SURE THAT THE STRUCTURE IS RIGHT, THAT IT'S THE CORRECT THING TO BRING TO THE BOARD FOR APPROVAL IN SEPTEMBER.

CHAIRMAN TORRES: J.T., DID YOU HAVE ANYTHING TO ADD?

CHAIRMAN THOMAS: NO. I THINK IT'S BEEN A VERY ROBUST DISCUSSION, WELL LED BY YOU AS ALWAYS, AND I THINK WITH THE INPUT OF THE GROUP, WE ARE HOMING IN ON A GREAT GAME PLAN TO IMPLEMENT FOR THIS FIRST TRANCHE OF MONEY. THANK YOU TO EVERYBODY.

CHAIRMAN TORRES: THANK YOU, J.T. THANK YOU ALL. AS PROMISED, I'M TRYING TO KEEP THESE MEETINGS TO AN HOUR BECAUSE I KNOW HOW VALUABLE THE TIMES ARE OF ALL OUR PARTICIPANTS. SO, AGAIN, THANK YOU FOR BEING WITH US, AND WE'LL GET BACK TO YOU.

(THE MEETING WAS THEN CONCLUDED AT 2:58 P.M.)

133 HENNA COURT, SANDPOINT, IDAHO 83864
208-920-3543 DRAIBE@HOTMAIL.COM

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 JUNE 21, 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.

BETH C. DRAIN, CA CSR 7152
133 HENNA COURT
SANDPOINT, IDAHO
(208) 920-3543