

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: DECEMBER 1, 2021
11 A.M.

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

FILE NO.: 2021-25

**133 HENNA COURT, SANDPOINT, IDAHO 83864
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DECEMBER 1, 2021; 11 A.M.

CHAIRMAN TORRES: I'M HONORED TO CALL THE
FIRST MEETING OF THE WORKING GROUP ON TREATMENTS AND
CURES ACCESSIBILITY AND AFFORDABILITY TO ORDER.
WOULD YOU PLEASE CALL THE ROLL, MARIA.

MS. BONNEVILLE: DAN BERNAL. ANN BOYNTON.

MS. BOYNTON: HERE.

MS. BONNEVILLE: JAMES DEBENEDETTI.

MR. DEBENEDETTI: HERE.

MS. BONNEVILLE: DANA DORNSIFE.

MS. DORNSIFE: HERE.

MS. BONNEVILLE: DAVID GOLDMAN. TED
GOLDSTEIN.

MR. GOLDSTEIN: HERE.

MS. BONNEVILLE: DAVID HIGGINS. HARLAN
LEVINE.

DR. LEVINE: HERE.

MS. BONNEVILLE: ADRIANA PADILLA.

DR. PADILLA: HERE.

MS. BONNEVILLE: AMMAR QADAN.

MR. QADAN: HERE.

MS. BONNEVILLE: AL ROWLETT. DAVID
SERRANO-SEWELL.

MR. SERRANO-SEWELL: PRESENT.

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1 MS. BONNEVILLE: MAHESWARI SENTHIL.

2 DR. SENTHIL: HERE.

3 MS. BONNEVILLE: ADRIENNE SHAPIRO.

4 MS. SHAPIRO: HERE.

5 MS. BONNEVILLE: JONATHAN THOMAS.

6 CHAIRMAN THOMAS: HERE.

7 MS. BONNEVILLE: ART TORRES.

8 CHAIRMAN TORRES: HERE.

9 MS. BONNEVILLE: WE HAVE A QUORUM.

10 CHAIRMAN TORRES: I JUST WANT TO THANK
11 EVERYONE WHO IS PARTICIPATING TODAY AND MOST
12 IMPORTANT OF ALL FOR YOUR WILLINGNESS TO SERVE THE
13 PEOPLE AND TAXPAYERS OF CALIFORNIA IN THIS VERY
14 IMPORTANT ROLE. SO WHAT I'D LIKE TO DO IS GO AROUND
15 THE ROOM, THE GALLERY, AND WE CAN START WITH DR.
16 MILLAN TO GIVE US A SHORT INTRO, JUST VERY SHORT,
17 AND THEN MOVE DOWN THE ROAD AND I'LL CALL OUT THE
18 NAMES AS WE GO. DR. MILLAN.

19 DR. MILLAN: THANK YOU, SENATOR TORRES.
20 I'M MARIA MILLAN, THE PRESIDENT AND CEO OF CIRM.

21 CHAIRMAN TORRES: JIM DEBENEDETTI.

22 MR. DEBENEDETTI: HI. I'M JAMES
23 DEBENEDETTI, DIRECTOR OF HEALTH MANAGEMENT AT COVER
24 CALIFORNIA, AND OUR AREA BASICALLY MANAGES OUR
25 HEALTHPLANS.

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1 CHAIRMAN TORRES: EXCELLENT. AND YOU'RE
2 DOING AN EXCELLENT JOB. DR. THOMAS.

3 CHAIRMAN THOMAS: HI, EVERYBODY. J.T.,
4 CHAIR OF THE CIRM BOARD.

5 CHAIRMAN TORRES: MAGGIE SENTHIL.

6 DR. SENTHIL: YEAH. MAGGIE SENTHIL. I'M
7 A SURGICAL ONCOLOGIST AT UCI AND ALSO A RESEARCHER.

8 CHAIRMAN TORRES: THANK YOU FOR BEING WITH
9 US. ANN.

10 MS. BOYNTON: ANN BOYNTON, EXECUTIVE
11 DIRECTOR OF STRATEGIC PLANNING AT UC DAVIS HEALTH
12 AND DIRECTOR OF PAYER STRATEGIES.

13 CHAIRMAN TORRES: EXCELLENT. DR. LEVINE.

14 DR. LEVIN: YES, HI. HARLAN LEVINE. I'M
15 THE PRESIDENT OF STRATEGY AND BUSINESS AT CITY OF
16 HOPE. AND BACKGROUND REALLY IS THE POPULATION
17 HEALTH MANAGEMENT WITH FOLKS LIKE ANTHEM AND QUANTUM
18 AND UNITED HEALTHCARE.

19 CHAIRMAN TORRES: THANK YOU. TED.

20 DR. GOLDSTEIN: TED GOLDSTEIN, CITIZEN
21 SCIENTIST, ENTREPRENEUR. BACKGROUND IN COMPANIES
22 LIKE ANTHEM, BIOINFORMATICS FROM UCSF AND UC SANTA
23 CRUZ, AND FORMER VICE PRESIDENT AT APPLE.

24 CHAIRMAN TORRES: THANK YOU. DR. PADILLA.

25 DR. PADILLA: ADRIANA PADILLA, FAMILY

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1 PHYSICIAN IN FRESNO, CALIFORNIA.

2 CHAIRMAN TORRES: DANA.

3 MS. DORNSIFE: DANA DORNSIFE, FOUNDER AND
4 CEO OF LAZAREX CANCER FOUNDATION AND FOCUSING ON
5 DIVERSITY AND EQUITABLE ACCESS.

6 CHAIRMAN TORRES: GREAT. AL.

7 MR. ROWLETT: AL ROWLETT, PATIENT ADVOCATE
8 FOR THE AREA OF BEHAVIORAL HEALTH AND MENTAL HEALTH.

9 CHAIRMAN TORRES: AMMAR.

10 MR. QADAN: AMMAR QADAN, VICE PRESIDENT OF
11 MARKET ACCESS AT ILLUMINA.

12 CHAIRMAN TORRES: DAVID SERRANO-SEWELL.

13 MR. SERRANO-SEWELL: HELLO. HEY. HELLO,
14 SENATOR. HELLO, EVERYONE. DAVID SERRANO-SEWELL,
15 CHIEF OPERATING OFFICER AT THE MEDICAL EXAMINER'S
16 OFFICE IN SAN FRANCISCO.

17 CHAIRMAN TORRES: ADRIENNE.

18 DR. SHAPIRO: ADRIENNE SHAPIRO, FOUNDER OF
19 AXIS ADVOCACY, SICKLE CELL AND STEM CELL PATIENT
20 ADVOCATE.

21 CHAIRMAN TORRES: THANKS AGAIN TO OUR
22 STAFF WHO ARE ON THE CALL AND ALSO TO BETH DRAIN,
23 WHO IS OBVIOUSLY TRANSCRIBING THESE MOMENTOUS AND
24 HISTORIC COMMENTS FROM ALL OF US.

25 THE LANGUAGE OF PROPOSITION 14 MAKES IT

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1 VERY CLEAR WHAT OUR MANDATE IS AS THIS WORKING
2 GROUP. WE'RE TO PROMOTE ACCESSIBILITY AND
3 AFFORDABILITY OF TREATMENTS AND CURES BY ENSURING
4 THAT MORE CALIFORNIANS HAVE THE OPPORTUNITY TO
5 PARTICIPATE IN CLINICAL TRIALS, FOR PROMISING NEW
6 TREATMENTS FOR CHRONIC DISEASE AND INJURY, AND
7 EXPANDING THE NUMBER AND GEOGRAPHIC REACH OF CLINICS
8 WHERE SPECIALIZED TREATMENTS AND CURES CAN BE
9 PROVIDED, INCLUDING THE CENTERS OF EXCELLENCE LIKE
10 OUR ALPHA STEM CELL CLINICS, OUR COMMUNITY CARE
11 CENTERS OF EXCELLENCE WHICH SUPPORT THE CLINICAL
12 TRIALS AND WILL SERVE AS A FOUNDATION FOR THE
13 DELIVERY OF FUTURE TREATMENTS AND BY HELPING
14 CALIFORNIA PATIENTS OBTAIN TREATMENTS AND CURES THAT
15 ARISE FROM INSTITUTE-FUNDED RESEARCH AND DEVELOPMENT
16 THROUGH CIRM.

17 OUR TASK ALSO AS A WORKING GROUP IS TO
18 RECOMMEND TO THE FULL GOVERNING BOARD POLICIES AND
19 PROGRAMS TO HELP CALIFORNIANS OBTAIN ACCESS TO HUMAN
20 CLINICAL TRIALS AND TO MAKE TREATMENTS AND CURES
21 ARISING FROM INSTITUTE-FUNDED RESEARCH AVAILABLE TO
22 CALIFORNIA PATIENTS THROUGHOUT CALIFORNIA. AND ALSO
23 TO RECOMMEND TO THE GOVERNING BOARD OF CIRM
24 RESPONSIBILITY ON POLICIES AND PROGRAMS TO HELP
25 CALIFORNIANS -- AND THIS IS KEY -- AFFORD TO

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1 PARTICIPATE IN HUMAN CLINICAL TRIALS AND TO MAKE
2 TREATMENTS AND CURES ARISING FROM INSTITUTE-FUNDED
3 RESEARCH AFFORDABLE TO CALIFORNIA PATIENTS. AND
4 THIS IS THE MOST IMPORTANT PART, WHICH I APPLAUD BOB
5 KLEIN FOR MAKING SURE IT WAS IN BOTH INITIATIVES IN
6 2004 AND NOW IN 2020, AND MAKING AFFORDABLE TO
7 CALIFORNIA PATIENTS REGARDLESS OF THEIR FINANCIAL
8 MEANS.

9 SO ANYONE WHO SUGGESTED THIS IS ONLY
10 TREATMENTS FOR THE RICH IS MISGUIDED AND DOESN'T
11 READ THE MANDATE THAT WE HAVE AS AN INITIATIVE.

12 I'D NOW LIKE TO CALL UPON OUR GENERAL
13 COUNSEL. KEVIN, WHERE ARE YOU? KEVIN MARKS, WE'RE
14 READY TO PROCEED WITH THE ADOPTION OF OUR BYLAWS.

15 DR. MARKS: THANK YOU, SENATOR TORRES.

16 SO WITH THIS WE ARE GOING THROUGH A SHORT
17 POWERPOINT PRESENTATION THAT I'LL SHARE FOR YOU.
18 UNFORTUNATELY MY MACBOOK IS ACTING UP. SO AS I DO
19 THE PRESENTATION, I LOSE THE PICTURE OF ALL OF YOU
20 WHICH IS VASTLY DISAPPOINTING, BUT I'LL WALK THROUGH
21 THE PRESENTATION. BUT PLEASE FEEL FREE TO INTERRUPT
22 AS WE GO FORWARD.

23 THIS IS A HIGH LEVEL OVERVIEW OF THE
24 BYLAWS THAT WERE CREATED, AS I'M SURE ALL PREVIEWED
25 THEM. SO WITH THAT, I WILL BE SHARING.

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1 CHAIRMAN TORRES: THEY'VE BEEN SENT TO
2 EACH MEMBER, CORRECT?

3 DR. MARKS: CORRECT. AND THEY WERE
4 PUBLICLY AVAILABLE.

5 CHAIRMAN TORRES: RIGHT.

6 DR. MARKS: HOLD ON ONE MOMENT. PERFECT.

7 SO AS WAS DISCUSSED IN THE PREAMBLE AND
8 THE OPENING TO THE MEETING, THE AAWG, OR THE
9 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP, WAS
10 CREATED WITH THE ADVENT OF PROPOSITION 14 AND IS ONE
11 OF FOUR WORKING GROUPS THAT WERE CREATED UNDER BOTH
12 THE PROPOSITIONS.

13 THE BOARD OR THE ICOC'S, WHICH IS THE
14 INDEPENDENT CITIZENS OVERSIGHT COMMITTEES, DESIRE
15 PREVIOUSLY WAS TO HAVE SIMILARITIES BETWEEN THE
16 BYLAWS OF ALL OF OUR WORKING GROUPS. SO THIS DRAFT
17 WAS CREATED CONSISTENT WITH THAT PHILOSOPHY AND IN
18 THE PURSUIT THAT WE WOULD TRY TO MODEL IT AFTER OUR
19 GRANTS WORKING GROUP, WHICH IS OUR SORT OF DOMINANT
20 WORKING GROUP OF THE ORGANIZATION.

21 AS SENATOR TORRES ARTICULATED, PROP 14
22 SETS FORTH KIND OF MUCH OF THE MANDATE OF THE AAWG,
23 INDLUDING ITS MEMBERSHIP AND ITS FUNCTIONS. SO THE
24 BYLAWS WILL FOLLOW AND PARROT THAT LANGUAGE VERY
25 CLOSELY.

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1 BY THIS I'M NOT GOING TO GO THROUGH EVERY
2 PROVISION, THANKFULLY, OF THE BYLAWS, BUT I'LL JUST
3 HIGHLIGHT SOME THINGS THAT I THINK ARE OF IMPORTANCE
4 AND MAYBE OPEN IT FOR DISCUSSION FOR THE GROUP.

5 FIRST OF ALL, ARTICLE III IS THE FUNCTIONS
6 OF THE AAWG. AND THIS PRETTY MUCH PARROTS THE
7 LANGUAGE OF PROPOSITION 14 AND THE MANDATES AND LAYS
8 OUT THE AREAS OF THOSE FUNCTIONS FOR INDEPENDENT
9 ACTION, SO THOSE FUNCTIONS THAT THE AAWG CAN DO
10 INDEPENDENTLY AS WELL AS THE INTERACTIONS WITH THE
11 CIRM STAFF AND A BIT OF THE ARTICULATION OF THE
12 AREAS OF RESPONSIBILITY FOR THE CIRM STAFF.

13 ARTICLE IV TAKES US THROUGH THE
14 MEMBERSHIP. AND I THINK, FIRST, THE SECTION THAT
15 DEALS WITH APPOINTMENT GIVES VISIBILITY TO THIS
16 GROUP AND TO THE BREADTH OF EXPERIENCE THAT YOU AS
17 MEMBERS BRING TO THE AAWG.

18 THE AD HOC MEMBERSHIP COMPONENT ALLOWS THE
19 BOARD TO ADD AD HOC MEMBERS AS NECESSARY, DEPENDING
20 ON THE LEVEL OF EXPERTISE THAT'S REQUIRED IN EACH OF
21 THE INDEPENDENT REVIEW SESSIONS.

22 SECOND IS COMPENSATION. GLAD TO KNOW THAT
23 YOU WILL GET PAID FOR YOUR SERVICES AT A RATE THAT
24 HAS YET TO BE DETERMINED BY THE BOARD, BUT SHOULD BE
25 DETERMINED FAIRLY SHORTLY.

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1 NEXT IS THE CONFLICT OF INTEREST AND
2 CONFIDENTIALITY PROVISION. IT'S IMPORTANT TO NOTE
3 THAT MUCH OF WHAT IS DISCUSSED IN THESE MEETINGS,
4 PARTICULARLY WHEN IT GETS TO CONTRACTING
5 OPPORTUNITIES AND POTENTIALLY GRANT APPLICATIONS,
6 ARE VIEWED AS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC
7 DISCLOSURE.

8 AND THEN THE CONFLICT OF INTEREST
9 PROVISION IS A POLICY FOR WHICH YOU WILL BE -- WE
10 WILL SHARE THAT WITH YOU SO YOU UNDERSTAND WHERE
11 LEVEL OF CONFLICTS POTENTIALLY ARISE WITHIN -- OR
12 COULD POTENTIALLY ARISE WITHIN THIS GROUP.

13 LAST IS THE REMOVAL OF MEMBERS, AND
14 HOPEFULLY WE NEVER HAVE TO INTERACT OR ENGAGE IN
15 THIS PART, BUT THAT'S CLEARLY WHAT WE BELIEVE WOULD
16 BE THE GROUNDS FOR THE REMOVAL AS WELL AS THE
17 PRODUCTS OF WHAT THAT WOULD LOOK LIKE.

18 ARTICLE V TAKES US THROUGH THE DUTIES WITH
19 RESPECT TO GRANT APPLICATIONS AND CONTRACTS. SO IF
20 WE GO BACK A LITTLE BIT TO THE FUNCTIONS OF THE
21 GROUP, THERE'S A LOT OF DIFFERENT LEVELS OF
22 INTERACTION THAT YOU WILL HAVE AS YOU GO THROUGH AND
23 CONDUCT YOUR BUSINESS AS A WORKING GROUP, ONE OF
24 WHICH IS TO REVIEW POTENTIAL GRANT APPLICATIONS OR
25 CONTRACTS FOR SERVICES THAT THE AAWG AND THE STAFF

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1 BELIEVE IS NECESSARY TO SATISFY THE ARTICULATED
2 FUNCTIONS OF THE GROUP.

3 SO WHAT THIS DOES IS IT OUTLINES BROADLY
4 THE PROCESS THAT WILL BE FOLLOWED FOR REVIEWING
5 THESE REQUESTS FOR CONTRACTS AND GRANT APPLICATIONS
6 TO FULFILL THOSE FUNCTIONS.

7 AS I MENTIONED BEFORE, WE TRY TO ALIGN THE
8 WORKING GROUP PROCEDURES WITH THOSE OF THE OTHER
9 WORKING GROUPS. SO THESE CLOSELY MIRROR THOSE OF
10 THE GRANTS WORKING GROUP.

11 FURTHER DOWN IS THE ROLES AND
12 RESPONSIBILITIES. SO ALSO DISCUSSES WHAT ROLES THE
13 PRESIDENT OF CIRM AS WELL AS THE CIRM STAFF PLAY IN
14 THE REVIEW PROCESS FOR GRANT APPLICATIONS AND
15 CONTRACTS.

16 ARTICLE VI TAKES US THROUGH THE MEETING
17 SETUP. IT WAS SET UP FOR TIMING AND STRUCTURES OF
18 THESE MEETINGS AS WELL AS THE OPEN MEETING CONCEPT
19 OF HAVING THINGS OPEN TO THE PUBLIC. THERE WILL BE
20 CERTAIN SITUATIONS THAT ARE ARTICULATED IN THE
21 BYLAWS PARTICULARLY IN DEALING WITH GRANT
22 APPLICATIONS AND CONTRACTS FOR WHICH THOSE WOULD BE
23 DEALT WITH IN A CLOSED OR CONFIDENTIAL SESSION.

24 ARTICLE VII IS THE PROCEDURE FOR
25 RECOMMENDING GRANTS AND CONTRACTS. THIS IS VERY

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1 BROADLY STATED. THERE IS A PROCESS THAT WILL BE
2 DEVELOPED I THINK WITHIN THE AAWG FOR EVALUATING,
3 REVIEWING, AND MAKING RECOMMENDATIONS TO THE
4 APPLICATION REVIEW SUBCOMMITTEE OF THE BOARD. AND
5 THAT'S A PARTICULAR SUBCOMMITTEE DESIGNATED BY THE
6 BOARD AND HAS THE APPROVAL RIGHTS. SO WHAT THIS
7 BODY DOES AS THE AAWG IS MAKES RECOMMENDATIONS ON
8 THE GRANTS AND AWARDING OF CONTRACTING, BUT THE
9 APPLICATION REVIEW SUBCOMMITTEE IS THE ACTUAL BOARD
10 THAT WOULD APPROVE THOSE MOVING FORWARD.

11 RIGHT NOW THE WAY THE BYLAWS ARE STATED,
12 IT'S CURRENTLY LEFT TO THIS GROUP TO COME UP WITH
13 THAT EVALUATION AND SCORING PROCESS.

14 AND LASTLY, IN SECTION 7 OF THIS, WHICH IS
15 IN THE SAME ARTICLE VII, ARE THE RECOMMENDATIONS.
16 SO THE RECOMMENDATIONS FOR THIS BODY NEED TO BE MADE
17 BY A MAJORITY VOTE OF THE QUORUM OF THE MEMBERS THAT
18 ARE PRESENT. WHAT'S MORE CLEARLY ARTICULATED NOW IN
19 THE PROPOSITION AND HAS ALWAYS BEEN A PART OF THE
20 CONCEPT OF A MINORITY REPORT. AND THIS DOES APPLY
21 TO ALL OF OUR WORKING GROUP SESSIONS.

22 SO IF 35 PERCENT OF THE AAWG MEMBERS
23 SUPPORT AN OPPORTUNITY THAT DOESN'T GARNER A
24 MAJORITY VOTE, THEN A MINORITY RECOMMENDATION REPORT
25 SHALL BE SUBMITTED TO THE APPLICATION REVIEW

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1 SUBCOMMITTEE FOR THE BOARD FOR CONSIDERATION TO
2 DETERMINE WHETHER OR NOT THE ARS BELIEVE THAT
3 OPPORTUNITY SHOULD BE FUNDED.

4 WITH THAT, THAT CONCLUDES THE HIGHLIGHTS
5 OF THE PRESENTATION. AS ALWAYS, I'M OPEN FOR ANY
6 COMMENTS OR QUESTIONS OR ANY UNCERTAINTY OF THE
7 VARIOUS PROVISIONS.

8 I'D LIKE TO THANK MARIA BONNEVILLE, MARIA
9 MILLAN, AND SENATOR TORRES FOR THEIR CONTRIBUTIONS
10 IN THE CREATION AND DRAFTING OF THESE DRAFT
11 GUIDELINES.

12 CHAIRMAN TORRES: THANK YOU VERY MUCH,
13 KEVIN. BEFORE I ENTERTAIN A MOTION TO APPROVE THESE
14 BYLAWS, ARE THERE ANY COMMENTS OR QUESTIONS FROM
15 MEMBERS OF THE WORKING GROUP? TED.

16 DR. GOLDSTEIN: SO THE LANGUAGE IN THE
17 PRESENTATION AND IN THE BYLAWS FOCUSES ON GRANT
18 REVIEWS AND SUCH. SO THIS IS SORT OF THE OUTPUT OF
19 REQUESTS FOR PROPOSAL OR REQUESTS FOR
20 APPLICATION-TYPE PROCESS. DO WE HAVE ANY ROLE IN
21 GENERATING RFP'S AND RFA'S IN OUR CHARTER?

22 DR. MARKS: ART OR MARIA, WOULD YOU LIKE
23 TO COMMENT?

24 CHAIRMAN TORRES: WELL, I THINK IT'S
25 PERFECTLY NATURAL FOR MEMBERS OF A WORKING, GROUP IF

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1 THEY HAVE AN IDEA OR A CONCEPT THAT'S BROUGHT TO
2 THEM, THAT WE OUGHT TO LOOK IT AND REVIEW IT. AND I
3 THINK THAT IF, IN FACT, WE DECIDED THAT OUGHT TO BE
4 AN RFP TO PUT OUT, THEN THAT SHOULD BE THE FUNCTION
5 OF THE BOARD OR MARIA AND I WORKING TOGETHER TO DO
6 THAT. MARIA.

7 DR. MILLAN: ABSOLUTELY. WHAT HAPPENED IS
8 THAT IF THE AAWG HAD A CERTAIN DIRECTION OR REQUEST,
9 THEN OUR INTERNAL TEAM COULD PRODUCE MATERIAL AND
10 POTENTIAL ALTERNATIVE SOLUTIONS OR OPTIONS FOR
11 CONSIDERATION. AND THAT IF THE AAWG THEN WISHES TO
12 PROCEED WITH EITHER PROPOSING A CONTRACT OR AN RFA,
13 THEN THE TEAM, OUR INTERNAL TEAM, WOULD DRAFT THAT
14 FOR YOUR REVIEW, INPUT, AND APPROVAL AFTER WHICH
15 THEN IT COULD THEN BE BROUGHT TO WHATEVER APPROVAL
16 PROCESS THESE GO THROUGH FOR THE FULL BOARD OR THE
17 SUBCOMMITTEE OR WHICHEVER ONE IS RESPONSIBLE FOR
18 THAT APPROVAL .

19 CHAIRMAN TORRES: I THINK WE'RE IN SYNC ON
20 THAT. TED, DOES THAT ANSWER YOUR QUESTION?

21 DR. GOLDSTEIN: VERY GOOD. YES. THANK
22 YOU.

23 CHAIRMAN TORRES: ANY OTHER QUESTIONS OR
24 COMMENTS FROM MEMBERS OF THE WORKING GROUP? DANA.

25 DR. DORNSIFE: I'M FINE.

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1 CHAIRMAN TORRES: OKAY. ANY OTHER
2 QUESTIONS OR COMMENTS?

3 DR. LEVINE: I HAD A COMMENT. I DON'T
4 KNOW IT IT'S IMPORTANT --

5 CHAIRMAN TORRES: HARLAN. IDENTIFY
6 YOURSELF AND I'LL KNOW WHERE TO GO.

7 DR. LEVINE: HARLAN. I DON'T KNOW IF IT'S
8 IMPORTANT TO DISCUSS BEFORE WE HAVE A MOTION AND A
9 VOTE. BUT AS I WAS JUST LOOKING AT THE MEMBERSHIP,
10 AND MAYBE THIS FALLS UNDER AD HOC, BUT THESE ARE
11 GOING TO BE SOME DIFFICULT DISCUSSIONS ABOUT ACCESS
12 AND AFFORDABILITY. I'M WONDERING WHAT THE ROLE OF A
13 BIOETHICIST AS EITHER A PARTICIPANT OR A CONSULTANT
14 TO THIS GROUP, IF PEOPLE HAD CONSIDERED THAT IN
15 PUTTING TOGETHER THE ARTICLES.

16 CHAIRMAN TORRES: FOR ONE, I ALWAYS
17 CONSIDER THAT AS AN ABSOLUTE NECESSITY, TO BRING IN
18 PEOPLE THAT HAVE FAR MORE EXPERTISE THAN I COULD
19 PROVIDE OR ANY MEMBER OF THE WORKING GROUP AND TO
20 USE ON AN AD HOC BASIS, WHETHER WE CONTRACT WITH
21 SOMEBODY OR WE WANT SOMEONE OF SPECIFIC ISSUE TO DO
22 THAT.

23 WHAT SERVED ME WELL IN THE LEGISLATURE WAS
24 WHEN I CHAIRED PRETTY BIG COMMITTEES, I USUALLY
25 DIVIDED THEM INTO SUBCOMMITTEES SO THAT MEMBERS

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1 COULD PARTICIPATE MORE FULLY AND THEN BRING THEIR
2 RECOMMENDATIONS TO THE FULL COMMITTEE. AND I WANT
3 TO DO THAT HERE AS WELL. I'LL FIGURE OUT JUST
4 EXACTLY THE SUBJECT MATTER JURISDICTION OF A NUMBER
5 OF SUBCOMMITTEES AND THEN SEND IT OUT TO YOU ALL,
6 AND YOU CAN DECIDE WHICH ONES YOU WOULD PREFER TO
7 SERVE ON, AND THEN WE WILL MAKE A DECISION AS TO WHO
8 SHOULD BE ON EACH SUBCOMMITTEE. BUT I THINK THE
9 SUBCOMMITTEE APPROACH CAN BE VERY HELPFUL AND, QUITE
10 FRANKLY, MUCH MORE EFFICIENT WITH THE 17-MEMBER
11 GROUP ACROSS THE BOARD TO PROVIDE THAT EXPERTISE IN
12 A VERY DEDICATED MANNER.

13 WE DO THAT, AS JIM WELL KNOWS, I'M A
14 MEMBER OF THE COVER CALIFORNIA BOARD, SO WE DO THAT
15 AT COVER CALIFORNIA WHERE WE HAVE SUBCOMMITTEES,
16 WHETHER IT BE ON PERSONNEL, WHETHER IT BE ON AUDIT,
17 NATURAL SUBCOMMITTEES THAT YOU WOULD THINK. HERE
18 WE'RE MUCH MORE FOCUSED ON ISSUES THAT RELATE TO
19 AFFORDABILITY IN ONE CASE, ACCESSIBILITY IN ANOTHER
20 CASE, AND A FEW OTHER AREAS THAT WE HAVEN'T EVEN
21 THOUGHT ABOUT YET. BUT WE'RE JUST STARTING. SO I
22 THINK HARLAN HAS A VERY GOOD POINT, AND I JUST
23 WANTED TO LET YOU KNOW WHAT MY THOUGHTS WERE ON
24 THAT.

25 DR. LEVINE: THANK YOU.

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1 CHAIRMAN THOMAS: ART, CAN I JUST ADD A
2 BACKUP TO WHAT YOU JUST SAID? SO, HARLAN, AS YOU
3 MIGHT IMAGINE, ETHICAL ISSUES ARE PROMINENTLY
4 FEATURED IN WHAT WE CONSIDER. GEOFF LOMAX ON THE
5 CALL HERE HAS HISTORICALLY BEEN THE ONE WHO HAS
6 FOCUSED AS A MEMBER OF THE INTERNAL TEAM ON THAT.
7 WE HAVE, AS WAS REFERENCED, FOUR WORKING GROUPS.
8 ONE OF THE OTHERS THAT WAS NOT MENTIONED IS CALLED
9 THE STANDARDS WORKING GROUP WHICH DEALS SPECIFICALLY
10 WITH ETHICAL ISSUES AS THEY ARISE. AND WE ARE IN
11 TOUCH THROUGH THAT GROUP AND OTHERS WITH MANY
12 BIOETHICISTS. AND SO AT THE APPROPRIATE TIME, TO
13 GET INPUT ON THAT PARTICULAR ISSUE, WE HAVE QUITE A
14 WEALTH OF TALENT HERE TO LOOK TO TO HELP ADVISE.

15 I ECHO ART'S RESPONSE. THAT'S A VERY GOOD
16 QUESTION AND A VERY IMPORTANT ADD IN SOME FASHION.

17 CHAIRMAN TORRES: I THINK WHAT'S GOING TO
18 HAPPEN, HARLAN, AS YOU WELL KNOW, WITH ANY NEW GROUP
19 THAT IS EVOLVING, THESE QUESTIONS WILL COME UP AND
20 OTHERS THAT WE HAVEN'T EVEN THOUGHT OF TODAY WILL
21 COME UP. IT'S VERY IMPORTANT, THAT'S BEEN MY
22 EXPERIENCE, TO MAKE SURE THAT WE EXPOSE THOSE IDEAS
23 IN THE LIGHT OF DAY AND HAVE AN ADEQUATE DISCUSSION
24 ON THIS, AS YOU JUST PROMPTED US TO DO.

25 ANY OTHER COMMENTS BEFORE I REQUEST A

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1 MOTION TO ADOPT THE BYLAWS? IS THERE A MOTION?

2 CHAIRMAN THOMAS: SO MOVED.

3 CHAIRMAN TORRES: MOVED BY DR. THOMAS. IS
4 THERE A SECOND?

5 MS. SHAPIRO: SECOND.

6 CHAIRMAN TORRES: BY MS. SHAPIRO. PUBLIC
7 COMMENT ON THE MOTION?

8 MS. BONNEVILLE: NO PUBLIC COMMENT, NO.

9 CHAIRMAN TORRES: ALL RIGHT. THEN WE'LL
10 MOVE TO A VOTE. CALL THE ROLL.

11 MS. BONNEVILLE: DAN BERNAL. ANN BOYNTON.

12 MS. BOYNTON: AYE.

13 MS. BONNEVILLE: JAMES DEBENEDETTI.

14 MR. DEBENEDETTI: AYE.

15 MS. BONNEVILLE: DANA DORNSIFE.

16 MS. DORNSIFE: AYE.

17 MS. BONNEVILLE: DAVID GOLDMAN. TED
18 GOLDSTEIN.

19 MR. GOLDSTEIN: AYE.

20 MS. BONNEVILLE: DAVID HIGGINS. HARLAN
21 LEVINE.

22 DR. LEVINE: AYE.

23 MS. BONNEVILLE: ADRIANA PADILLA.

24 DR. PADILLA: YES.

25 MS. BONNEVILLE: AMMAR QADAN.

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MR. QADAN: AYE.
MS. BONNEVILLE: AL ROWLETT.
MR. ROWLETT: YES.
MS. BONNEVILLE: DAVID SERRANO-SEWELL.
MAHESWARI SENTHIL.
DR. SENTHIL: YES.
MS. BONNEVILLE: ADRIENNE SHAPIRO.
MS. SHAPIRO: AYE.
MS. BONNEVILLE: JONATHAN THOMAS.
CHAIRMAN THOMAS: YES.
MS. BONNEVILLE: ART TORRES.
CHAIRMAN TORRES: AYE.
MS. BONNEVILLE: THE MOTION CARRIES.
CHAIRMAN TORRES: ALL RIGHT. SO OUR

BYLAWS HAVE BEEN ENACTED.

JUST ANOTHER CAVEAT SO THAT WE KNOW WHO WE
ARE AND WHAT WE ARE DEALING WITH. WHEN THE PEOPLE
OF CALIFORNIA VOTED TO APPROVE PROPOSITION 14, THIS
WORKING GROUP WAS CREATED CONSTITUTIONALLY; IN OTHER
WORDS, NOT BY STATUTE OF THE LEGISLATURE, BUT BY THE
PEOPLE OF CALIFORNIA THROUGH THE INITIATIVE PROCESS.
SO WE ARE CREATED AS A CONSTITUTIONAL ENTITY. AND I
JUST WANT TO MAKE SURE THAT EVERYBODY KNOWS HOW
SIGNIFICANT AND IMPORTANT THAT IS IN TERMS OF OUR
FIDUCIARY DUTIES TO THE TAXPAYERS OF CALIFORNIA.

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1 SO WE'RE JUST NOT AN AD HOC WORKING GROUP
2 HERE. WE ARE A GROUP CREATED BY THE CONSTITUTION
3 AND CREATED BY THE VOTERS AND SO APPROVED IN
4 NOVEMBER OF 2020.

5 AND IN THAT VEIN, I WANT TO INTRODUCE NOW
6 FOR A BRIEF OVERVIEW AS TO WHAT CAUSED THIS GROUP TO
7 BE CREATED. AND, OF COURSE, THE GREAT MIND OF
8 ROBERT KLEIN WAS INTEGRAL TO THAT DEVELOPMENT. AND
9 I'VE HAD THE HONOR OF SERVING WITH HIM AS VICE CHAIR
10 IN 2009 WHEN I CAME ONTO THE BOARD OF CIRM. AND SO
11 I WANT TO WELCOME THE FOUNDER OF CIRM AND, QUITE
12 FRANKLY, THE PERSON WHO GAVE SO MUCH.

13 MR. KLEIN: FIRST, IT'S A PRIVILEGE,
14 CHAIRMAN TORRES, TO ADDRESS THIS GROUP. AND IT
15 WOULD BE ABSOLUTELY IMPERATIVE TO START BY THANKING
16 YOU FOR YOUR LEADERSHIP ON THE CAMPAIGN ALONG WITH
17 JONATHAN THOMAS AND A NUMBER OF BOARD MEMBERS WHO
18 ARE REPRESENTED ON THIS CALL: DR. PADILLA, DAVID
19 HIGGINS, DR. BRASHEAR, DAN BERNAL, AL ROWLETT, LARRY
20 GOLDSTEIN, WHO WAS A VITAL FORCE IN PROPOSITION 71
21 AS WELL AS PROPOSITION 14, AND DAVID SERRANO-SEWELL,
22 WHO WAS A MEMBER OF THE FOUNDING BOARD OF
23 PROPOSITION 71.

24 BUT WE REALLY HAVE TO THANK THE VISION OF
25 THE PEOPLE OF CALIFORNIA. IT IS REMARKABLE THAT IN

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1 THE MIDDLE OF A PANDEMIC, WHEN THE STATE WAS
2 CONCERNED ABOUT THE SHORT-TERM BUDGET ISSUES AND
3 WHETHER THIS WOULD END UP BEING A BUDGET CRISIS FOR
4 THE STATE, THE PEOPLE OF CALIFORNIA PASSED THIS WITH
5 EIGHT AND A HALF MILLION VOTES, WHICH IS THE LARGEST
6 NUMBER OF VOTES EVER TO PASS A BOND INITIATIVE IN
7 THE UNITED STATES AS FAR AS WE CAN DETERMINE. ALL
8 IN THE MIDDLE OF A PANDEMIC. IT'S MUCH EASIER FOR
9 PEOPLE TO VOTE FOR THINGS THAT DON'T COST MONEY, BUT
10 TO HAVE VISION IN THE MIDDLE OF A PANDEMIC IS
11 REMARKABLE.

12 IT IS PARTICULARLY A PRIVILEGE TO TALK TO
13 THIS GROUP GIVEN THAT I KNOW A NUMBER OF THE
14 GOVERNING BOARD MEMBERS, THEIR CONTRIBUTIONS, BUT I
15 ALSO KNOW A NUMBER OF THOSE DRAWN FROM THE CIVIC
16 SOCIETY. YOU HEARD TED GOLDSTEIN NOT REALLY TELL
17 YOU WHO HE WAS, ONE OF THE GREAT ORIGINATORS OF THE
18 JAVA LANGUAGE, THE JAVA CODE, HEAD OF ENGINEERING AT
19 APPLE, GAVE YOU THE IPHONE AND IPAD AND CODE FOR THE
20 MAC. AND DANA DORNIFE OF LAZAREX WHO REALLY
21 CREATED A FOUNDATION THAT HAS BEEN PROVIDING ACCESS
22 AND AFFORDABILITY TO INDIVIDUAL PATIENTS WHO COULD
23 NOT HAVE BEEN IN CLINICAL TRIALS, WHO WOULD HAVE
24 DIED WITH AGGRESSIVE, ADVANCED CHRONIC DISEASE. AND
25 ADRIENNE SHAPIRO IS ONE OF THE GREAT SICKLE CELL

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1 ADVOCATES IN THIS COUNTRY FOR SICKLE CELL, STEM
2 CELL, AND GENETIC THERAPIES.

3 SO THIS IS A PHENOMENAL GROUP WITH
4 INCREDIBLE OPPORTUNITIES. GIVEN THAT CALIFORNIA IS
5 NO. 2 IN THE WORLD, CONSIDERED AS A COUNTRY IN
6 BIOMEDICAL RESEARCH CAPACITY, BEHIND JUST THE UNITED
7 STATES, WITH 50 PERCENT OF THE BIOMEDICAL RESEARCH
8 CAPACITY IN THE UNITED STATES. AND GIVEN THAT THIS
9 IS THE ONLY BOARD OF ACCESS AND AFFORDABILITY THAT I
10 AM AWARE OF FUNDED BY A STATE IN THIS COUNTRY, YOUR
11 MISSION IS UNIQUE AND IT'S REMARKABLE.

12 WE HAVE PROVIDED IN THE INITIATIVE A
13 TREMENDOUS AMOUNT OF RESOURCES FOR YOU FOR HIRING
14 OUTSIDE EXPERTS BEYOND YOUR OWN EXPERTISE FOR THE
15 ACCESS AND AFFORDABILITY IS AT THE CORE MISSION OF
16 THE INITIATIVE.

17 FIRST, IDENTIFY, DEVELOP FROM BASIC,
18 BRILLIANT IDEAS THROUGH THERAPY CANDIDATES THROUGH
19 TO PRE-IND PHASE I, PHASE II TRIALS AND NEW
20 THERAPIES. BUT AS WE GET TO THE CLINICAL TRIAL
21 LEVEL, YOUR MISSION BECOMES A VITAL ONE, WHICH IS TO
22 MAKE SURE THAT WE HONOR THAT OBLIGATION TO ALL
23 CALIFORNIANS, INCLUDING PARTICULARLY ALL OF THOSE
24 GROUPS FROM MINORITY GROUPS AND LOWER INCOME GROUPS
25 WHO ARE GREAT ADVOCATES FOR THIS INITIATIVE. SO IS

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1 THE NATIONAL MEDICAL ASSOCIATION OR HISPANIC CANCER
2 SOCIETY. WE HAVE AN OBLIGATION TO ALL CALIFORNIANS
3 AND THROUGH THAT ALL PEOPLE IN THIS COUNTRY TO FIND
4 A WAY TO REDUCE COST AND HAVE REAL AFFORDABILITY
5 THROUGH TRIALS AND THERAPIES.

6 THERE ARE MANY PEOPLE WHO ARE GOING TO GO
7 TO PRESS AND CRITICIZE THIS AS AN IMPOSSIBLE
8 MISSION. WE HAVE TO REMEMBER THAT IN 1976, WHEN THE
9 FIRST DOSE OF ARTIFICIAL HUMAN INSULIN WAS CREATED,
10 1976, 1978, IT WAS \$10 MILLION FOR THAT FIRST DOSAGE
11 REGIME OF ARTIFICIAL HUMAN INSULIN TO THE POINT
12 TODAY WHERE, THROUGH MANUFACTURING TECHNIQUES,
13 THROUGH ECONOMIES, WE'VE BEEN ABLE TO BRING IT DOWN
14 TO WHERE IT'S ROUTINELY COVERED FOR PATIENTS THAT
15 HAVE TYPE 1 DIABETES OR TYPE 2 DIABETES AND ARE
16 INSULIN DEPENDENT. MANY CONSIDERED THAT TO BE AN
17 IMPOSSIBLE MISSION, AND THEY WILL ATTACK THIS GROUP
18 AND YOUR MISSION ON THE SAME GROUNDS, THAT THESE
19 STEM CELL AND GENETIC THERAPIES ARE ONLY FOR THE
20 ELITE AND THEY WILL NEVER REACH THE BROAD GROUP OF
21 CALIFORNIA CITIZENS WHO VOTED FOR THIS HOPE AS A
22 CRITICAL PART OF THE MEDICAL FUTURE, AS A CRITICAL
23 PART OF THE MISSION TO REDUCE HUMAN SUFFERING.

24 SO IT WILL BE A CHALLENGING ROAD. AND I'M
25 DEEPLY INDEBTED TO YOU AS EVERY CALIFORNIAN IS

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1 DEEPLY INDEBTED TO YOU FOR COMMITTING YOURSELF TO
2 THIS MISSION. THERE WILL BE A LOT OF ECONOMIC
3 RESEARCH THAT WILL HAVE TO BUTTRESS YOUR POSITIONS,
4 TO JUSTIFY WHY EARLY COVERAGE OF THESE THERAPIES.
5 THERE WILL BE A GREAT DEAL OF DEBATE ABOUT THAT
6 DATA, BUT I BELIEVE THAT THIS GROUP, WITH THE
7 BACKING OF AN INCREDIBLE GOVERNING BOARD
8 REPRESENTING THE LEADING EDGE OF SCIENCE IN
9 CALIFORNIA, IN THIS COUNTRY, IN THE WORLD, THAT YOU
10 WILL BE SUCCESSFUL. SUCCESSFUL FOR EVERY INDIVIDUAL
11 AND FAMILY REGARDLESS OF COLOR, BACKGROUND, OR
12 ECONOMIC STATUS TO PARTICIPATE IN HUMAN TRIALS.

13 AND IT WILL BE AN INCREDIBLE LIFT TO GET
14 TO THE POINT WHERE WE CAN GET FEDERAL COVERAGE AS
15 WELL FOR THESE PROGRAMS. I CONSIDER IT, HOPEFULLY
16 YOU WILL CONSIDER IT AS PART OF YOUR MISSION, NOT
17 JUST THE INCREDIBLE EFFORT TO GET COVER CALIFORNIA
18 AND CALIFORNIA INSURERS AND OTHER PROGRAMS TO COVER
19 THESE THERAPIES, BUT TO GET THE FEDERAL GOVERNMENT
20 TO COVER THESE BREAKTHROUGH THERAPIES BECAUSE EARLY
21 INTERVENTION THERAPIES, I THINK, ARE GOING TO BE
22 VITAL TO THE FUTURE OF EVERY FAMILY, EVERY
23 INDIVIDUAL, BUT ALSO THE COUNTRY.

24 TO TALK ABOUT THE SCALE OF THE PROBLEM FOR
25 A MINUTE, I WOULD LIKE TO SEE IF WE COULD PUT UP A

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1 CHART FROM THE PARTNERSHIP FIGHTING CHRONIC DISEASE.
2 THIS IS A GROUP THAT RECENTLY, AND I THINK THIS DATA
3 REALLY WAS CREATED IN ABOUT 2019, PROJECTED THE COST
4 OF CHRONIC DISEASE FOR CALIFORNIA BETWEEN 2016 AND
5 2030. THEY PUT THAT NUMBER AT \$4.7 TRILLION, AN
6 INCREDIBLE BURDEN.

7 IF YOU GO TO THE NEXT PAGE, WHEN THEY
8 LOOKED AT WHERE YOU COULD GET POTENTIAL SAVINGS IN
9 THIS BURDEN, 90 PERCENT OF THIS OR MORE CAME FROM
10 TREATMENT ADVANCES, \$60.4 BILLION A YEAR, 900
11 BILLION OF THE \$1.1 TRILLION.

12 SO THIS MISSION OF EARLY INTERVENTION
13 THERAPIES AND GETTING THE COST OF THOSE THERAPIES
14 DOWN TO WHERE THEY ARE POSSIBLE ECONOMICALLY FOR
15 COVERAGE BY OUR CALIFORNIA PROGRAMS AS WELL AS
16 PRIVATE INSURERS AS WELL AS COMPANIES IS A CHALLENGE
17 THAT IS CRITICAL FOR EVERY FAMILY, BUT ALSO FOR THE
18 STATE BECAUSE, UNLESS WE CAN GET THESE THERAPIES TO
19 BE ACCESSIBLE AND AFFORDABLE, WE CANNOT REALLY DEAL
20 WITH THE BURDEN OF CHRONIC ILLNESS OVER THE NEXT
21 DECADE IN CALIFORNIA, MUCH LESS THE DECADES THAT
22 FOLLOW. IF WE CAN TAKE THAT SLIDE DOWN PLEASE.

23 CHAIRMAN TORRES: WE NEED TO MOVE ON
24 PRETTY QUICKLY.

25 MR. KLEIN: I THINK WHETHER OR NOT YOUR

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1 FOCUS AND THOSE PEOPLE WHO ARE YOUR CRITICS ARE
2 FOCUSED ON CHRONIC DISEASE AND PATIENT ACCESS, THEY
3 NEED TO UNDERSTAND THAT YOUR MISSION AND THE MISSION
4 OF THIS AGENCY IS GOING TO BE CRITICAL TO THE STATE
5 HAVING ENOUGH SAVINGS TO DEAL WITH CLIMATE CHANGE,
6 EDUCATION, EMPLOYMENT QUALITY, AND EVERY ONE OF THE
7 OTHER MAJOR CHALLENGES WE FACE WITHIN THE STATE.

8 IT IS AN ACCIDENT OF HISTORY THAT WE HAVE
9 THIS OPPORTUNITY IN CALIFORNIA. IT IS AN ACCIDENT
10 OF HISTORY THAT WE HAVE THE OPPORTUNITY THROUGH THIS
11 INITIATIVE TO ASSEMBLE YOUR GROUP. YOU HAVE AN
12 IMPOSSIBLE MISSION, BUT REMEMBER IT WAS IMPOSSIBLE
13 TO PASS THIS INITIATIVE IN THE MIDDLE OF A PANDEMIC,
14 BUT THE PEOPLE OF CALIFORNIA HAVE A MISSION, AND I
15 THANK YOU FOR DEDICATING YOURSELF TO THIS MISSION.

16 CHAIRMAN TORRES: THANK YOU, BOB. I HOPE
17 YOU HAVEN'T MADE THEM DISILLUSIONED WITH WHAT
18 THEY'RE ABOUT TO UNDERTAKE.

19 ANY QUESTIONS OF MR. KLEIN?

20 CHAIRMAN THOMAS: CAN I JUST ADD SOMETHING
21 TO WHAT BOB SAID VERY QUICKLY, MR. CHAIRMAN?

22 CHAIRMAN TORRES: VERY QUICKLY. VERY
23 QUICKLY.

24 CHAIRMAN THOMAS: SO BOB, AMONGST MANY
25 OTHER GREAT THINGS, HE WROTE INTO THIS SECTION OF

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1 THE INITIATIVE INCLUDED ONE OF THE MEMBERSHIP AS
2 BEING A HEALTHCARE ECONOMIST THAT CAN SORT OF DRIVE
3 THE ECONOMIC STUDIES THAT HE REFERRED TO IN HIS
4 PRESENTATION JUST NOW. ONE OF OUR MEMBERSHIP WHO
5 HAD AN UNAVOIDABLE CONFLICT TODAY WAS DANA GOLDMAN,
6 WHO IS THE DEAN OF THE USC SAUL PRICE SCHOOL OF
7 PUBLIC POLICY AND A VERY PROMINENT HEALTHCARE
8 ECONOMIST WHO WILL BE INSTRUMENTAL IN GUIDING THE
9 ECONOMIC ANALYTICAL EFFORTS OF THIS GROUP. I JUST
10 WANTED TO ADD THAT SINCE HE WAS NOT ABLE TO
11 INTRODUCE HIMSELF AT THE OUTSET. THANK YOU, MR.
12 CHAIRMAN.

13 CHAIRMAN TORRES: YOU'RE WELCOME. AND I
14 WANT TO THANK DAN BECAUSE I RECRUITED HIM TO WRITE
15 THE STUDY. THANK GOD THEY DID A GOOD JOB ON IT EVEN
16 THOUGH THEY WERE FROM USC. ALL RIGHT.

17 NOW FOR A QUICK OVERVIEW. THANK YOU,
18 ROBERT, THANK YOU, BOB. HAVE A WONDERFUL HOLIDAY
19 SEASON. MARIA MILLAN, DR. MILLAN.

20 DR. MILLAN: THANK YOU SO MUCH, ART.
21 DOUG, CAN YOU PROJECT THE PRESENTATION PLEASE OR
22 GEOFF.

23 THANK YOU FOR THE OPPORTUNITY TO GIVE A
24 VERY BRIEF OVERVIEW. I WILL GO QUICKLY BECAUSE I
25 KNOW WE'RE SHORT ON TIME. I THOUGHT I'D JUST --

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1 YOU'VE HEARD THE HISTORY OF CIRM, THE FORMATION AND
2 THE CONTINUATION. AND CIRM HAS CREATED AN IDENTITY
3 AND A VALUE PROPOSITION AS ACCELERATED PATIENT
4 CENTRIC, PARTNER AND DERISKER FOR BASIC,
5 TRANSLATIONAL, AND CLINICAL RESEARCH, SETTING UP
6 CRITICAL INFRASTRUCTURE AND EDUCATION PROGRAMS. AND
7 WE WILL BUILD ON THAT FOR THE NEXT STRATEGY, WHICH I
8 HOPE TO GIVE JUST A VERY BRIEF OVERVIEW AND IS STILL
9 BEING CONSIDERED BY THE BOARD AND WILL BE BROUGHT IN
10 DECEMBER FOR FINAL ADOPTION.

11 JUST FOR A BACKGROUND, CIRM FUNDED OVER
12 1,030 PROJECTS IN TOTAL WITH ADVANCING OVER 90
13 CANDIDATES INTO CLINICAL DEVELOPMENT, AND DIRECTLY
14 FUNDING OVER 76 CLINICAL TRIALS, AND IT'S GROWING BY
15 THE MONTH, WITH OVER 3,000 PATIENTS ENROLLED IN
16 THESE TRIALS ACROSS A BROAD RANGE OF INDICATIONS
17 FROM RARE DISEASE, COMMON DISEASE, FROM EARLY STAGE
18 TO PIVOTAL, NEAR MARKETING CLINICAL TRIALS.

19 JUST JUDGING FROM WHAT'S CURRENTLY ACTIVE
20 IN OUR PORTFOLIO, THE FURTHEST ALONG THAT WE SHOULD
21 EXPECT TO SEE SOME SIGNALS AND POTENTIALLY
22 SUBMISSION FOR MARKETING APPROVAL IN THE UPCOMING
23 YEARS ARE GENE THERAPIES, CAR-T THERAPIES, AND
24 CELL-BASED THERAPIES. AND THEN OUR FUNDING
25 OPPORTUNITIES ARE MONTHLY. WE EXPECT THAT THAT WILL

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1 CONTINUE TO GROW.

2 WE HAVE PROOF OF CONCEPT THAT THIS
3 TECHNOLOGY PLATFORM WORKS. WE HAVE PATIENTS WHO
4 HAVE BEEN CURED, WHO HAVE BEEN PUBLISHED IN JOURNALS
5 SUCH AS *NEW ENGLAND JOURNAL OF MEDICINE*. THEY ARE
6 MAKING THEIR WAY TOWARD FULL MARKET APPROVAL AND
7 MORE ACCESSIBILITY TO THE GENERAL PUBLIC. BUT THE
8 PICTURE ON THE RIGHT IS A PATIENT EVIE WHO HAD
9 ADENOSINE DEAMINASE OR ADA-SCID, BUBBLE BABY
10 DISEASE, WHO'S OUT SEVEN YEARS AFTER HER TRANSPLANT,
11 A SINGLE TREATMENT, AND SHE'S CURED ALONG WITH 50
12 OTHERS WHO HAVE DEMONSTRATED 90-PERCENT CURE AT TWO
13 YEARS AND A HUNDRED PERCENT CURE AT THREE YEARS. IT
14 IS A PHENOMENAL TRANSFORMATION OF THE FIELD AND
15 POSSIBILITY AND ALSO APPLIES TO OTHER FORMS OF
16 GENETIC DISEASE.

17 BRENDON ON THE LEFT HAS CHRONIC
18 GRANULOMATOUS DISEASE, OUT FIVE YEARS FROM CURE FROM
19 THIS. AND THESE ARE JUST SOME EXAMPLES. THESE
20 PROGRAMS ARE CONTINUING TO PROGRESS AND MORE DATA IS
21 BEING ACCUMULATED.

22 IN ADDITION, CIRM HAS SET UP THE
23 FIRST-IN-KIND REGENERATIVE MEDICINE FOCUSED ALPHA
24 CLINICS NETWORK, WHICH YOU WILL HEAR ABOUT. IT'S A
25 RAGING SUCCESS WITH SUPPORTING OVER A HUNDRED

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1 CLINICAL TRIALS, WITH ACCELERATING AND SHARED
2 RESOURCES AND INNOVATIVE APPROACHES AND TRAINING THE
3 NEXT GENERATION OF CLINICAL TRIALISTS AND PHYSICIAN
4 SCIENTISTS AS WELL AS NURSING AND OTHER SPECIALISTS
5 INVOLVED IN THE DELIVERING OF CLINICAL TRIALS AND
6 FUTURE APPROVED THERAPIES.

7 IN ADDITION, GOOD MEDICINE STARTS WITH
8 STRONG SCIENCE. CIRM HAS AND WILL CONTINUE TO FUND
9 THE BASIC RESEARCH THAT WILL LEAD TO THESE POTENTIAL
10 THERAPIES AND CURES, HAS FUNDED PROGRAMS LEADING TO
11 OVER 3,000 PEER-REVIEWED PUBLICATIONS, SET UP
12 INFRASTRUCTURE, RESEARCH INFRASTRUCTURE, THE LARGEST
13 STEM CELL BANK CREATED OPPORTUNITIES TO DISCOVER NEW
14 RESEARCH AND TRANSLATIONAL TOOLS THAT ENABLE THE
15 ENTIRE ENDEAVOR, AS WELL AS MAJOR AMOUNTS OF
16 DATASETS THAT CHARACTERIZE THE GENOMICS AND THE
17 BIOLOGIC ACTIVITIES LEADING TO POTENTIALLY
18 IDENTIFYING CURES AND TREATMENTS FOR THESE DISEASES.

19 THE IMPACT IS TREMENDOUS EVEN WITH THE
20 FIRST LEG OF CIRM WITH PROP 71 WITH BUILDING THE
21 NEXT GENERATION. AND WE HAVE RELAUNCHED OUR
22 EDUCATION PROGRAMS. IT'S ONE OF THE FIRST PROGRAMS
23 WE RELAUNCHED. SO FAR CIRM PROGRAMS HAVE TRAINED
24 OVER 3,000 STUDENTS AND SCHOLARS. THE PROGRAMS THAT
25 WE HAVE RELAUNCHED ARE INTENDED TO EMBED WITHIN IT

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1 DIVERSITY, EQUITY, AND INCLUSION AND EXPOSURE IN
2 TRAINING AS WELL AS AWARENESS SO THAT WE CREATE A
3 WORKFORCE THAT CAN TRULY DELIVER THESE TREATMENTS TO
4 ALL THOSE AFFLICTED.

5 THE ECONOMIC IMPACT REPORT THAT YOU HEARD
6 ABOUT THAT EXAMINES CIRM'S IMPACT BETWEEN 2004 AND
7 2018, AND THIS DOES NOT EVEN INCLUDE ANYTHING
8 RELATED TO PRODUCT REVENUE AND GENERATION OR
9 ANYTHING LIKE THAT. ESTIMATED APPROXIMATELY \$11
10 BILLION OF GROSS OUTPUT AND TAXES AND CREATION OF AT
11 LEAST 56,000 NEW JOBS DURING THAT TIME PERIOD. WE
12 EXPECT THAT THIS WILL GROW EVEN FURTHER.

13 CIRM IS POSITIONED TO CONTINUE TO ATTRACT
14 INDUSTRY FUNDING. WHEN WE LAUNCHED OUR LAST
15 STRATEGIC PLAN FIVE YEARS AGO, THERE WAS VERY --
16 INDUSTRY WASN'T YET READY TO INVEST IN THE FIELD.
17 AND JUST OVER THE PAST FOUR TO FIVE YEARS ATTRACTED
18 \$18 BILLION OF INVESTMENT INTO OUR PORTFOLIO
19 PROGRAMS BY WAY OF LICENSING, PARTNERSHIP, IPO'S,
20 AND FOLLOW-ON FINANCING.

21 SO WE HAVE ALONG WITH OUR BOARD HAVE --
22 ALONG WITH CIRM'S BOARD HAVE BEEN IN THE PROCESS OF
23 LOOKING AT WHAT WE'RE GOING TO DO WITH THE NEXT
24 PHASE OF CIRM UNDER PROP 14, AND WE HAVE EXPANDED
25 OUR MISSION STATEMENT TO ACCELERATING WORLD-CLASS

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1 SCIENCE TO DELIVER TRANSFORMATIVE REGENERATIVE
2 MEDICINE TREATMENTS IN AN EQUITABLE MANNER TO A
3 DIVERSE CALIFORNIA AND WORLD.

4 AND I WILL EXPLAIN TO YOU TACTICALLY WHAT
5 WE INTEND TO DO IN THE FIRST FIVE-YEAR STRATEGIC
6 PLAN THAT HAS BEEN PRESENTED IN DRAFT FORM TO THE
7 BOARD.

8 IN TERMS OF ADVANCING WORLD-CLASS SCIENCE,
9 AND I'M GOING TO REVIEW THIS WITH RELEVANCE, I
10 THINK, TO THE AAWG. THE IDEA BEHIND ADVANCING
11 WORLD-CLASS SCIENCE IS NOT ONLY TO CONTINUE TO FUND
12 THE BEST SCIENCE, BUT TO ORGANIZE IT IN A WAY THAT
13 WE CREATE KNOWLEDGE NETWORKS AND EXPERTISE TO
14 GENERATE THESE DATA AND KNOWLEDGE NETWORKS. THE
15 VALUE TO AAWG CONSIDERATION IS THIS COULD
16 POTENTIALLY BE VERY IMPORTANT IN TERMS OF EVIDENCE
17 GENERATION AND FEEDING THE DATASETS AND KNOWLEDGE TO
18 INFORM THE INITIATIVES CONSIDERED BY THIS COMMITTEE.

19 IN ADDITION, THE NEXT KIND OF PILLAR OF
20 STRATEGIC INITIATIVES ARE CIRM DELIVER REAL-WORLD
21 SOLUTIONS, THE GOAL BEING TO ADVANCE MORE THERAPIES
22 TO FDA MARKETING APPROVAL, FOR PARTNERSHIPS WITH
23 REGULATORY BODIES, INDUSTRY, ACADEMIC, AND COMMUNITY
24 CENTERS. WE ARE ALREADY ENGAGED IN CONVERSATIONS
25 WITH CRITICAL MASS WORK GROUPS THAT INVOLVE THE FDA

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1 STAKEHOLDERS, AND THERE'S ALSO A MOVEMENT TOWARD
2 ALIGNING MORE OF THE CONVERSATIONS BETWEEN CMS AND
3 THE FDA REGARDING WHAT TYPES OF EVIDENCE BASE AND
4 INFORMATION IS REQUIRED AS WE GATHER INFORMATION ALL
5 THROUGH THE DEVELOPMENT OF THESE PRODUCTS AND
6 CLINICAL TRIALS.

7 SO IN THIS BODY OF GOALS, WE WILL LEVERAGE
8 A VERY WELL-ESTABLISHED AND PROVEN THERAPEUTICS
9 DEVELOPMENT PORTFOLIO APPROACH IN ORDER TO HAVE
10 THESE CONVERSATIONS. OUR ADVISORY PANELS CAN DO IT.
11 WE'LL FUND A MANUFACTURING NETWORK TO OVERCOME
12 HURDLES THAT WERE ENCOUNTERING WITH TECH
13 TRANSFERRING OUT EARLY STAGE PROGRAMS FROM ACADEMIA
14 OUT TO COMMERCIALIZATION. EXPAND THE ALPHA CLINICS
15 NETWORK THAT I ALLUDED TO EARLIER AS WELL AS NOT
16 JUST DEVELOP, BUT CREATE THE COMMUNITY CARE CENTERS
17 THAT ARE RESPONSIVE TO THE NEEDS OF THE COMMUNITY.

18 CHAIRMAN TORRES: FINALLY.

19 DR. MILLAN: FINALLY, PROVIDE OPPORTUNITY
20 FOR ALL. THIS IS A MAJOR PART, A MAJOR GOAL WITHIN
21 THE NEXT FIVE YEARS TO SUPPORT THE AAWG IN THE
22 CREATION OF A ROAD MAP FOR ACCESS AND AFFORDABILITY.

23 I'M GOING TO GO -- I KNOW, ART, THAT YOU
24 NEED ME TO GO QUICKLY, BUT I JUST WANTED TO MAKE --
25 SO I'M NOT GOING TO GO THROUGH THIS. IT'S

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1 EVIDENCE GENERATION --

2 CHAIRMAN TORRES: WE'RE GOING TO LOSE THE
3 AUDIENCE. SO LET'S GO TO ANY QUESTIONS OF MARIA AT
4 THIS POINT. ALL RIGHT. I WANT TO THANK YOU, MARIA.
5 AND THOSE SLIDES WILL BE MADE AVAILABLE TO THE
6 WORKING GROUP MEMBERS?

7 DR. MILLAN: OKAY. THEY'LL BE MADE
8 AVAILABLE TO THE WORKING GROUP MEMBERS. THANK YOU,
9 ART.

10 CHAIRMAN TORRES: THANK YOU, MARIA. THANK
11 YOU SO MUCH. AND I'M JUST SO MINDFUL OF OUR
12 MEMBERS' TIME. SO I JUST WANTED TO END IT WITH A
13 PRESENTATION FROM MARIA BONNEVILLE, WHO IS OUR VICE
14 PRESIDENT FOR PUBLIC OUTREACH AND BOARD GOVERNANCE.
15 THE MOST IMPORTANT TOPIC, AS FAR AS I'M CONCERNED,
16 IS THE PATIENT ADVOCATES. WITHOUT THEM, WE WOULD
17 NEVER HAVE GOTTEN THE SIGNATURES WE NEEDED TO
18 QUALIFY. WITHOUT THEM THIS PROPOSITION WOULD NEVER
19 HAVE PASSED. AND JUST ONE CORRECTION. BOB SAID I
20 WORKED IN THE CAMPAIGN. HE'S ABSOLUTELY RIGHT, BUT
21 IT WAS ON MY OWN TIME AND MY VACATION TIME, NOT ON
22 STATE TIME. MARIA BONNEVILLE.

23 MS. BONNEVILLE: THANK YOU, ART. AND
24 THANK YOU TO THE COMMITTEE FOR BEING HERE AND THE
25 IMPORTANT WORK YOU'RE DOING.

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1 AS A STATE AGENCY CREATED AND SUPPORTED BY
2 THE PEOPLE OF CALIFORNIA, CIRM HAS ALWAYS UNDERSTOOD
3 THE IMPORTANCE OF INFORMING THE PUBLIC ON CIRM'S
4 ACTIVITIES, OUR FUNDING, EDUCATION PROGRAMS, ET
5 CETERA. OUR OUTREACH EFFORTS INCLUDE A PATIENT AND
6 PATIENT ADVOCATE COMMUNITIES WHO ARE ESSENTIAL TO
7 THE PASSAGE OF BOTH PROPOSITION 71 AND 14. THAT
8 OUTREACH CAME IN A VARIETY OF DIFFERENT WAYS:
9 IN-PERSON PRESENTATIONS, IN INDIVIDUAL SUPPORT GROUP
10 MEETINGS, IN-PERSON PRESENTATIONS AT CONFERENCES
11 ORGANIZED AROUND SPECIFIC DISEASES OR RARE DISEASE,
12 UMBRELLA EVENTS, ONLINE PRESENTATIONS, DISCUSSIONS
13 VIA GOOGLE, HANG-OUT, FACEBOOK LIVE, ZOOM, AND
14 E-MAIL BLASTS TO INDIVIDUALS FROM OUR STEM CELL
15 CHAMPIONS E-MAIL LIST, 1600 SO FAR, WHO WERE
16 INTERESTED IN A PARTICULAR DISEASE.

17 OUR MESSAGE WAS GENERALLY GEARED TO A
18 PARTICULAR DISEASE OR CONDITION, HIGHLIGHTING THE
19 WORK WE ARE FUNDING IN THAT AREA AND ALSO TALKING
20 ABOUT OTHER STEM CELL AND REGENERATIVE MEDICINE
21 TREATMENTS TARGETING THAT CONDITION.

22 THE PASSAGE OF PROP 14 IS GIVING US A
23 CHANCE TO BUILD AND EXPAND ON THAT ORIGINAL APPROACH
24 AND REACH OUT TO DIVERSE COMMUNITIES THAT IN THE
25 PAST WERE OVERLOOKED WHEN IT COMES TO MEDICAL AND

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1 SCIENTIFIC RESEARCH.

2 THE MESSAGE NEEDS TO BE ONE THAT POSITIONS
3 US AS A TRUSTED ORGANIZATION FOR INFORMATION.
4 PEOPLE NEED TO UNDERSTAND THAT WE ARE NOT SELLING
5 ANYTHING AND OUR ONLY ROLE IS TO HELP OFFER
6 UNBIASED, THOUGHTFUL, EASY-TO-UNDERSTAND
7 INFORMATION. LISTEN TO THE CONCERNS AND ISSUES THAT
8 PERTAIN TO THESE DIFFERENT COMMUNITIES TO BETTER
9 UNDERSTAND THE SPECIFIC CHALLENGES THEY FACE. ASK
10 THE COMMUNITIES WHAT THEY WOULD LIKE FROM US IN A
11 TERMS OF INFORMATION, SUPPORT, AND RESOURCES.
12 PROVIDE INFORMATION ABOUT CLINICAL TRIALS WE FUND OR
13 THAT ARE BEING OFFERED THROUGH ALPHA CLINICS. OFFER
14 GUIDANCE ABOUT CLINICAL TRIALS FOUND ON THE
15 CLINICALTRIALS.GOV WEB SITE AND OTHER THERAPIES
16 BEING OFFERED BY PREDATORY STEM CELL CLINICS, AND
17 STAYING IN REGULAR TOUCH WITH COMMUNITIES SO THEY
18 KNOW WE ARE COMMITTED TO WORKING WITH THEM AND NOT
19 JUST COMING IN AND THEN LEAVING QUICKLY WHEN IT
20 SUITS US.

21 SO, FINALLY, WHAT I'D LIKE TO SAY IS THAT
22 IN MY BUDGET I HAVE INCLUDED MONEY FOR A COMMUNITY
23 OUTREACH CONSULTANT TO COME ON BOARD AND HELP US
24 NAVIGATE SORT OF OUR NEW PATH TOWARDS OUTREACH.
25 SOMEBODY WHO HAS COMMUNITY ORGANIZING SKILLS AND

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1 ALSO HAS EXPERIENCE IN PATIENT ADVOCACY. THEY'LL BE
2 ABLE TO SET SORT OF A STRATEGY FOR US, AND IT WILL
3 BE A POSITION THAT WE WILL IN TURN HIRE TO RUN THAT
4 SORT OF OUTREACH PROGRAM. THAT'S IT. THANK YOU,
5 ART.

6 CHAIRMAN TORRES: THANK YOU, MARIA. ANY
7 QUESTIONS OF MARIA BONNEVILLE BY ANY OF THE MEMBERS?
8 ALL RIGHT. ANY PUBLIC COMMENT WHICH WE WILL RESERVE
9 NOW TO THE END OF OUR DISCUSSION? ANY PUBLIC
10 COMMENT, MARIA? HAVE YOU RECEIVED ANY INQUIRIES?

11 MS. BONNEVILLE: NO, I DO NOT SEE ANY.

12 CHAIRMAN TORRES: WELL, I SAID I PROMISED
13 TO END IT BY NOON, AND I WILL CONTINUE -- YES.

14 MS. BONNEVILLE: WE ACTUALLY DO HAVE ONE
15 PUBLIC COMMENT.

16 CHAIRMAN TORRES: OKAY. LET'S PROCEED.

17 MS. BONNEVILLE: IF YOU'D LIKE TO START,
18 YOU HAVE THREE MINUTES.

19 MS. WITKOWSKY: AM I UNMUTE?

20 MS. BONNEVILLE: YOU ARE.

21 MS. WITKOWSKY: GREAT. THANK YOU. HI,
22 EVERYONE. MY NAME IS LEA WITKOWSKY. I'M A POLICY
23 AND ENGAGEMENT MANAGER AT THE INNOVATIVE GENOMICS
24 INSTITUTE. OUR INSTITUTE IS AN ACADEMIC PARTNERSHIP
25 BETWEEN UC BERKELEY AND UC SAN FRANCISCO, AND IT WAS

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1 CO-FOUNDED BY NOBEL PRIZE WINNER JENNIFER DOUDNA.
2 OUR MISSION AT THE INSTITUTE IS TO
3 BRING -- BRIDGE REVOLUTIONARY GENOME EDITING TOOL
4 DEVELOPMENT TO AFFORDABLE AND ACCESSIBLE SOLUTIONS
5 IN HUMAN HEALTH, CLIMATE, AND AGRICULTURE. IN FACT,
6 WITH CIRM AS A KEY SUPPORTER, OUR RESEARCHERS HAVE
7 BEEN ABLE TO ADVANCE MULTIPLE THERAPIES TO THE
8 CLINIC IN THE PAST, INCLUDING MOST RECENTLY THE ONLY
9 ACADEMIC GENOME EDITING CLINICAL TRIAL FOR SICKLE
10 CELL DISEASE. OUR RESEARCHERS ARE IN THE PROCESS OF
11 DEVELOPING MORE THERAPIES FOR FUTURE USE.

12 AS OUR MISSION STATES, WE ARE COMMITTED TO
13 MAKING THE PRODUCTS OF OUR RESEARCH AFFORDABLE AND
14 ACCESSIBLE, BUT WE ARE GROWING MORE AND MORE
15 CONCERNED ABOUT THE GROWING TRAJECTORY OF
16 HIGH-PRICED GENE THERAPIES COMING OUT OF FOR-PROFIT
17 COMPANIES EVEN WHEN THE RESEARCH AND DEVELOPMENT AND
18 CLINICAL TRIALS HAVE STARTED IN ACADEMIA AND BEEN AT
19 LEAST PARTIALLY PUBLICLY FUNDED BY AND LARGE BY
20 CIRM.

21 SO TO ADDRESS WHAT WE SEE AS A BARRIER TO
22 ACHIEVING OUR INSTITUTE'S MISSION, WE ARE LAUNCHING
23 A PROJECT THAT WE'RE TITLING "PIONEERING MODELS FOR
24 AFFORDABLE CRISPR GENOMIC THERAPIES." AND THIS WILL
25 CREATE AN AFFORDABILITY TASK FORCE, SIMILAR TITLE TO

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1 YOURS. AND IT'S LAUNCHING IN JANUARY.

2 CHAIRMAN TORRES: I THOUGHT WE WERE
3 COPYRIGHTED.

4 MS. WITKOWSKY: WE'LL HAVE TO LOOK INTO
5 THAT.

6 THE AIM OF OUR TASK FORCE IS TO IDENTIFY,
7 EVALUATE, AND ENVISION ALTERNATIVE PATHWAYS OR
8 ALTERNATIVE STEPS IN THE PROCESS TO
9 COMMERCIALIZATION OR DISTRIBUTION, AND TO HELP US
10 DEVELOP A ROAD MAP THAT CAN OUTLINE SOME CONCRETE
11 STRATEGIES FOR OUR OWN INSTITUTE TO DELIVER OUR NEW
12 GENE THERAPIES AT AN AFFORDABLE COST. AND SO BY
13 DOING SO, WE AIM TO NOT ONLY PROVIDE OUR OWN
14 PRODUCTS, BUT ALSO PROVIDE INFORMATION AND PROOF OF
15 CONCEPT FOR THE FIELD.

16 THIS TASK FORCE IS GOING TO BE COMPOSED OF
17 FOUR SUBGROUPS. THOSE SUBGROUPS WILL BE LOOKING AT
18 SPECIFIC AIMS, EXPLORE ORGANIZATION AND FUNDING
19 MODELS. WE'LL LOOK AT DEVELOPED IP AND LICENSING
20 STRATEGIES, MAP MANUFACTURING STEPS AND REGULATORY
21 COSTS, AND LOOK AT NEW AND INNOVATIVE APPROACHES TO
22 FAIR PRICING AND ACCESS.

23 CHAIRMAN TORRES: I DIDN'T GET ANY PUBLIC
24 COMMENT ON THE MEETING. DID YOU HAVE ANY PUBLIC
25 COMMENT ON THE MEETING ITSELF THAT WE ARE JUST ABOUT

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1 TO FINISH?

2 MS. WITKOWSKY: SURE. THE MAIN POINT OF
3 THIS IS JUST TO LET YOU ALL KNOW THAT WE ARE HERE
4 AND WE ARE THRILLED AT THE FORMATION OF THIS WORK
5 GROUP. AND WE WOULD BE EXCITED TO CONTRIBUTE WHERE
6 HELPFUL AS WELL AS SHARE THE FINDINGS.

7 CHAIRMAN TORRES: I'M VERY GRATEFUL FOR
8 THAT, AND I WILL REACH OUT TO YOU AT THE BEGINNING
9 OF THE YEAR.

10 MS. WITKOWSKY: THANK YOU.

11 CHAIRMAN THOMAS: THANK YOU ALL VERY MUCH.
12 ANY OTHER PUBLIC COMMENT? THERE BEING NONE, HAPPY
13 HOLIDAYS TO ALL OF YOU, AND THANK YOU SO MUCH FOR
14 YOUR PARTICIPATION. I WILL BE SENDING OUT A MEMO
15 PROBABLY MID-JANUARY WITH SPECIFIC SUBCOMMITTEES
16 THAT MARIA, J.T., AND I WILL COME UP WITH THAT CAN
17 SERVE AS A MODEL AS WE MOVE FORWARD TO DIVIDE THE
18 WORK AND MAKE IT A MORE EFFICIENT WORKING GROUP.
19 AND THANK YOU, AGAIN, FOR YOUR TIME. AND BELIEVE ME
20 I KNOW YOU ARE ALL WORKING PRO BONO HERE. IT'S A
21 REAL CONTRIBUTION TO THE PEOPLE AND THE PATIENTS OF
22 CALIFORNIA. THANK YOU SO MUCH.

23 CHAIRMAN THOMAS: THANK YOU, MR. CHAIRMAN.

24 (THE MEETING WAS THEN CONCLUDED AT 11:58 A.M.)

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 ZOOM 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 DECEMBER 1, 2021, 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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