

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

BEFORE THE  
SCIENCE SUBCOMMITTEE 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: NOVEMBER 29, 2021  
1 P.M.

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

FILE NO.: 2021-24

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6. PUBLIC COMMENT.	NONE
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NOVEMBER 29, 2021; 1 P.M.

CHAIRMAN GOLDSTEIN: LET ME CALL THE MEETING TO ORDER AND ASK MARIA TO CALL THE ROLL.

MS. BONNEVILLE: HAIFA ABDULHAQ. ELENA FLOWERS. MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: JUDY GASSON.

DR. GASSON: HERE.

MS. BONNEVILLE: LARRY GOLDSTEIN.

CHAIRMAN GOLDSTEIN: HERE.

MS. BONNEVILLE: DAVID HIGGINS. PAT LEVITT.

DR. LEVITT: HERE.

MS. BONNEVILLE: DAVID LO.

DR. LO: HERE.

MS. BONNEVILLE: DAVID MARTIN.

DR. MARTIN: HERE.

MS. BONNEVILLE: SHLOMO MELMED. CHRISTINE MIASKOWSKI.

DR. MIASKOWSKI: HERE.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: HERE.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: HERE.

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1 MS. BONNEVILLE: KRISTINA VUORI.

2 DR. VUORI: HERE.

3 MS. BONNEVILLE: KAROL WATSON. KEITH  
4 YAMAMOTO.

5 DR. YAMAMOTO: HERE.

6 MS. BONNEVILLE: THANK YOU. WE HAVE A  
7 QUORUM, LARRY.

8 CHAIRMAN GOLDSTEIN: FIRST ON THE AGENDA,  
9 SUBCOMMITTEE MISSION STATEMENT. JUST AS BACKGROUND,  
10 THIS IS A SLIGHTLY MODIFIED MISSION STATEMENT FROM  
11 WHAT WAS USED A YEAR AGO. I MODIFIED IT TO MAKE IT  
12 A LITTLE BIT CLEARER AND MORE SPECIFIC. J.T. HAS  
13 HAD SOME INPUT ON IT. AND SO THE QUESTION IS DO ANY  
14 MEMBERS OF THE SUBCOMMITTEE HAVE QUESTIONS ABOUT THE  
15 WORDING OR CONCERNS?

16 I'M ASSUMING THAT THE SILENCE MEANS NO  
17 CONCERNS OR QUESTIONS, NOT THAT NOBODY ELSE HAS READ  
18 IT.

19 DR. MARTIN: WE'RE JUST ALL MUTED.

20 DR. VUORI: IT LOOKS GOOD TO ME, LARRY.  
21 THANKS FOR THE WORK.

22 CHAIRMAN GOLDSTEIN: THANK YOU.

23 MR. TORRES: HAPPY HANUKKAH, LARRY.

24 CHAIRMAN GOLDSTEIN: THANK YOU. OKAY. IN  
25 THE ABSENCE OF ANY ADDITIONAL QUESTIONS, CAN

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1 SOMEBODY MOVE TO APPROVE?

2 MR. TORRES: MOVE IT.

3 DR. YAMAMOTO: SECOND.

4 CHAIRMAN GOLDSTEIN: OKAY. GOOD. THANK  
5 YOU. ANY FURTHER QUESTIONS FROM THE SUBCOMMITTEE?  
6 ANY PUBLIC COMMENT?

7 MS. BONNEVILLE: THERE ARE NO HANDS  
8 RAISED.

9 CHAIRMAN GOLDSTEIN: MARIA, CAN YOU PLEASE  
10 CALL THE ROLL.

11 MS. BONNEVILLE: HAIFA ABDULHAQ. ELENA  
12 FLOWERS.

13 DR. FLOWERS: YES.

14 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

15 DR. FISCHER-COLBRIE: AYE.

16 MS. BONNEVILLE: JUDY GASSON.

17 DR. GASSON: YES.

18 MS. BONNEVILLE: LARRY GOLDSTEIN.

19 CHAIRMAN GOLDSTEIN: YES.

20 MS. BONNEVILLE: DAVID HIGGINS. PAT  
21 LEVITT.

22 DR. LEVITT: YES.

23 MS. BONNEVILLE: DAVID LO.

24 DR. LO: YES.

25 MS. BONNEVILLE: DAVID MARTIN.

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1 DR. MARTIN: YES.  
2 MS. BONNEVILLE: SHLOMO MELMED. CHRISTINE  
3 MIASKOWSKI.  
4 DR. MIASKOWSKI: YES.  
5 MS. BONNEVILLE: JONATHAN THOMAS.  
6 CHAIRMAN THOMAS: YES.  
7 MS. BONNEVILLE: ART TORRES.  
8 MR. TORRES: AYE.  
9 MS. BONNEVILLE: KRISTINA VUORI.  
10 DR. VUORI: YES.  
11 MS. BONNEVILLE: KAROL WATSON. KEITH  
12 YAMAMOTO.  
13 DR. YAMAMOTO: YES.  
14 MS. BONNEVILLE: MOTION CARRIES.  
15 CHAIRMAN GOLDSTEIN: OKAY. THANK YOU,  
16 EVERYBODY.  
17 NEXT UP ON THE AGENDA, FINAL DRAFT  
18 STRATEGIC PLAN. MARIA MILLAN, CAN YOU WALK US  
19 THROUGH YOUR THOUGHTS AND PRESENTATION PLEASE.  
20 DR. MILLAN: THANK YOU, DR. GOLDSTEIN.  
21 I'M GOING TO SHARE A SCREEN REALLY QUICKLY TO HELP  
22 US WITH THIS DISCUSSION. I DON'T KNOW IF THIS IS  
23 THE RIGHT ONE. I'M NOT SURE. YES, IT IS.  
24 OKAY. MEMBERS OF THE ICOC SCIENCE  
25 SUBCOMMITTEE, THANK YOU FOR THIS OPPORTUNITY TO GO

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1 THROUGH THE DRAFT STRATEGIC PLAN. THE DRAFT PLAN  
2 WAS CIRCULATED TO YOU PRIOR TO THANKSGIVING, AND I  
3 KNOW IT WAS SHORT TURN-AROUND, BUT WE REALLY WANTED  
4 FOR YOU TO SEE THIS PLAN. THERE'S STILL SEVERAL  
5 ROUNDS OF COPY EDITING LEFT IN TERMS OF FINAL FIXING  
6 OF TYPOS, STYLISTIC AND FORMATTING, BUT WE REALLY  
7 WANTED THE CONTENT TO BE SOMETHING THAT YOU HAD A  
8 CHANCE TO HAVE A LOOK AT. AND WE WANTED TO HAVE THE  
9 OPPORTUNITY TO INCORPORATE ANY ADDITIONAL FEEDBACK  
10 TO THE STRATEGIC PLAN PRIOR TO FINALIZING FOR THE  
11 BOARD MEETING IN DECEMBER.

12 I DON'T KNOW IF YOU STILL CAN SEE MY  
13 SCREEN.

14 CHAIRMAN GOLDSTEIN: WE COULD, YES.

15 DR. MILLAN: OKAY. PERFECT.

16 SO AS YOU CAN TELL FROM THE STRATEGIC  
17 PLAN, WE REALLY DID DO A PRETTY COMPREHENSIVE  
18 BACKGROUND ON CIRM, BACKGROUND ON THE LANDSCAPE, AS  
19 WELL AS RATIONALE FOR THE PLAN, WHICH REALLY IS  
20 ORGANIZED AROUND THREE MAJOR BROAD THEMES OF  
21 ADVANCING WORLD-CLASS SCIENCE, DELIVERING REAL-WORLD  
22 SOLUTIONS, AND PROVIDING OPPORTUNITY FOR ALL.

23 IN ADDITION TO EXPANDING THE MISSION  
24 STATEMENT, WHICH WE WILL TALK ABOUT IN A LITTLE BIT,  
25 WHAT WE HAVE DONE IS EMPHASIZED THE IMPORTANCE OF

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1 THE DELIVERY OF TREATMENTS AND ADVANCEMENTS THAT  
2 ARISE FROM CIRM'S PROGRAMS IN THE UPCOMING YEARS TO  
3 ALL PATIENTS IN NEED, INCLUDING DIVERSE AND  
4 UNDERSERVED POPULATIONS. AND SO THIS WILL REQUIRE  
5 KIND OF A NOVEL PARADIGM SHIFTING APPROACH BOTH TO  
6 HOW WE SUPPORT AND ORGANIZE OUR SCIENTIFIC  
7 INVESTMENTS AS WELL AS THE TYPE OF PROGRAMS WE CAN  
8 DO TO FOSTER THE EXPERTISE AND THE WORKFORCE OF  
9 TOMORROW AS WELL AS ADDRESS GAPS THAT THE FIELD  
10 STILL HAS IN FRONT OF IT IN ORDER TO TRULY MAKE  
11 THESE SCIENTIFIC DISCOVERIES SOMETHING THAT CAN  
12 REACH PATIENTS.

13 SO THE THREE THEMES, JUST TO HIGHLIGHT,  
14 AND THIS IS A SUMMARY OF WHAT YOU WILL SEE IN THE  
15 STRATEGIC PLAN, IN THE THEME OF ADVANCING  
16 WORLD-CLASS SCIENCE, THE GENERAL IDEA IS TO LEVERAGE  
17 COLLECTIVE SCIENTIFIC KNOWLEDGE THAT'S GAINED FROM  
18 ALL OF OUR SCIENTIFIC PROGRAMS AND ALSO TO HARNESS  
19 THE HUGE AMOUNTS OF DATA THAT EMANATE FROM THESE  
20 PROJECTS AND TO BRING THAT TO THE SCIENTIFIC  
21 COMMUNITY VIA COLLABORATIVE PATHWAYS ORGANIZED IN  
22 COMPETENCY HUBS AND KNOWLEDGE NETWORKS. AND WE GO  
23 ON TO DESCRIBE WHAT THOSE WOULD LOOK LIKE, WHAT THE  
24 INTENT IS, AND THE FORMAT FOR THIS.

25 THE IDEA BEHIND THIS IS TO TRULY FOSTER



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1 ORGANICALLY COLLABORATIVE SYNERGIES THAT WOULD  
2 ADVANCE THE SCIENCE AND MAKE THE MOST OUT OF BOTH  
3 BASIC TRANSLATIONAL RESEARCH AS WELL AS REVERSE  
4 TRANSLATION WHERE LEARNINGS THAT WE HAVE FROM LATER  
5 STAGE PROGRAMS WILL INFORM QUESTIONS THAT COULD BE  
6 FURTHER RESEARCHED IN THE BASIC AND FUNDAMENTAL  
7 FOUNDATIONAL STAGE OF SCIENCE.

8 THE SECOND CATEGORY IS TO DELIVER  
9 REAL-WORLD SOLUTIONS. THE MAJOR GOAL IS TO ADVANCE  
10 MORE THERAPIES SAFELY THROUGH FDA MARKETING APPROVAL  
11 USING OUR WELL-ESTABLISHED PARTNERSHIP MODEL,  
12 BUILDING ON THAT, AND COLLABORATING WITH REGULATORY  
13 BODIES, INDUSTRY, AND ACADEMIC AND COMMUNITY  
14 STAKEHOLDERS, INCLUDING HEALTHCARE DELIVERY SYSTEMS.

15 THE PROGRAMS THAT WE PROPOSE UNDER THAT  
16 CATEGORY INVOLVE LEVERAGING OUR THERAPEUTICS  
17 DEVELOPMENT PORTFOLIO APPROACH SO THAT WE ARE A  
18 ONE-STOP SHOP IN TERMS OF OUR BROAD PORTFOLIO IN  
19 DISCUSSIONS WITH STAKEHOLDERS, INCLUDING THE FDA,  
20 AND THAT IS SOMETHING THAT IS ALREADY -- YOU WILL  
21 HEAR ABOUT IN A LITTLE BIT. THERE ARE ALREADY  
22 STRUCTURES FOR THESE VERY INNOVATIVE WAYS OF  
23 APPROACHING THESE PROGRAMS FROM A PORTFOLIO  
24 APPROACH.

25 THE OTHER PIECE IS FUNDING A MANUFACTURING

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1 NETWORK TO OVERCOME THE HURDLES THAT IS VERY WELL  
2 KNOWN IN THE FIELD TOWARD BRINGING THESE PROGRAMS  
3 ALL THE WAY THROUGH TOWARD COMMERCIALIZATION AND TO  
4 PATIENTS, EXPAND OUR ALPHA CLINICS NETWORK, NOT JUST  
5 IN NUMBER, BUT IN TERMS OF EXPERTISE AND ACTIVITIES,  
6 AND DEVELOPING COMMUNITY CARE CENTERS OF EXCELLENCE  
7 BASED ON THE NEEDS OF THE COMMUNITY.

8 THE THIRD THEME IS PROVIDING OPPORTUNITIES  
9 FOR ALL. OPPORTUNITIES REGARDING TRAINING, ACCESS  
10 TO RESEARCH OPPORTUNITIES FOR A DIVERSE AND HIGHLY  
11 SKILLED POPULATION, AND TO DELIVER ACCESSIBLE  
12 TREATMENTS TO A DIVERSE PATIENT COMMUNITY.

13 SO IN THAT CATEGORY WE DESCRIBE HOW WE  
14 WOULD DO THAT WITH MULTIPLE ONRAMPS IN OUR EDUCATION  
15 PROGRAMS AS WELL AS THE GOAL OF WORKING WITH OUR  
16 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP TO  
17 CREATE A ROAD MAP FOR ACCESS AND AFFORDABILITY.

18 AT THE LAST MEETING THERE WAS A LOT OF  
19 DISCUSSION ABOUT THE MISSION STATEMENT. ONE OF THE  
20 MAIN POINTS THAT DR. YAMAMOTO MADE IS TO MAKE SURE  
21 THAT WE DON'T FORGET THE IMPORTANCE OF BASIC SCIENCE  
22 AS WE ARE DRIVING TRANSLATION TOWARD THE CLINICS.  
23 AND IT'S VERY CLEAR WE DON'T FORGET ABOUT THAT  
24 BECAUSE ACCELERATING WORLD-CLASS SCIENCE IS THE VERY  
25 FIRST THING THAT COMES UP IN THE MISSION STATEMENT.

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1 IT ALL STARTS WITH STRONG SCIENCE. AND YOU WILL SEE  
2 IN THE STRATEGIC PLAN THAT IT REALLY DOES HIGHLIGHT  
3 HOW WE WILL CONTINUE TO COMMIT TO FUNDING BASIC AND  
4 FOUNDATIONAL RESEARCH, ORGANIZING IN A MORE  
5 EFFICIENT WAY BOTH FOR ELUCIDATING DISEASE  
6 MECHANISMS AND UNDERLYING -- CREATING WAYS TO  
7 ELUCIDATE DISEASE PATHOLOGY AS WELL AS POTENTIAL  
8 CURES, BUT ALSO TO CONTINUE TO FUND TRANSLATIONAL  
9 AND CLINICAL RESEARCH SO THAT WE CAN DELIVER  
10 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS TO A  
11 DIVERSE CALIFORNIA AND WORLDWIDE IN AN EQUITABLE  
12 MANNER.

13 SO THIS IS THE INITIAL DRAFT, NEAR FINAL  
14 FORMAT OF THE MISSION STATEMENT THAT YOU RECEIVED  
15 BASED ON A VERY STRONG FEEDBACK FROM THE BOARD THAT  
16 THERE SHOULD BE A MUCH MORE DELIBERATE STATEMENT OF  
17 THE IMPORTANCE OF DIVERSITY AND EQUITY IN THE  
18 MISSION STATEMENT.

19 SINCE THIS TIME, WE HAD EXCELLENT FEEDBACK  
20 FROM THE BOARD TO JUST MAKE IT -- NOT TO CHANGE THE  
21 CONTENT, BUT TO JUST MAKE IT MORE TIGHT IN TERMS OF  
22 A MISSION STATEMENT. SO AT THE TOP IS THE MISSION  
23 STATEMENT YOU SEE IN THE DRAFT PLAN, ACCELERATING  
24 WORLD-CLASS SCIENCE, TO DELIVER TRANSFORMATIVE  
25 REGENERATIVE MEDICINE TREATMENTS TO A DIVERSE

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1 CALIFORNIA AND WORLDWIDE IN AN EQUITABLE MANNER.  
2 AND WE AGREED WITH THE FEEDBACK WE RECEIVED, THAT WE  
3 SHOULD EDIT THIS TO STILL RETAIN THE SAME MEANING,  
4 BUT BE MORE REFLECTIVE OF OUR INTENT, TO EDIT THIS  
5 TO SAY ACCELERATING WORLD-CLASS SCIENCE, TO DELIVER  
6 TRANSFORMATIVE REGENERATIVE MEDICINE TREATMENTS IN  
7 AN EQUITABLE MANNER TO A DIVERSE CALIFORNIA AND  
8 WORLD.

9 I'M GOING TO PAUSE THERE. THIS WAS A  
10 POINT OF A LOT OF DISCUSSION AT THE LAST BOARD  
11 MEETING. SO I WANTED TO MAKE SURE WE HAD AN  
12 OPPORTUNITY TO DISCUSS THE MISSION STATEMENT. DR.  
13 GOLDSTEIN.

14 CHAIRMAN GOLDSTEIN: SURE. ANYBODY HAVE  
15 CONCERNS, SUGGESTIONS, OR QUESTIONS ABOUT THE  
16 MISSION STATEMENT?

17 DR. MARTIN: ONE OF THE THINGS THAT I  
18 THINK IS REALLY IMPORTANT FOR CIRM, SINCE WE ARE  
19 ACTUALLY A SMALL ENTITY OR SMALL FRACTION OF ALL OF  
20 THE REGENERATIVE MEDICINE SCIENCE GOING ON IN THE  
21 WORLD, IS TO NOT JUST ACCELERATE IT, BUT TO EXPAND  
22 IT. I NOTICE THE WORD "EXPLODE" IS IN THERE.  
23 SCALING IT. AND WHAT MARIA'S FIRST SLIDE SHOWED,  
24 SECOND SLIDE ACTUALLY, IS THE ACTIVITIES THAT WE  
25 WANT OR WHAT WE WANT TO EXPAND OR SCALE.

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1                   AND SO I JUST WONDER WHETHER THE WORD  
2                   "SCALE" OR "EXPANSION," ACCELERATE AND EXPAND  
3                   WORLD-CLASS SCIENCE OR THE APPLICATION OF SCIENCE,  
4                   FOR EXAMPLE. BUT I ALSO WONDER WHETHER WE WOULD  
5                   BENEFIT FROM HAVING AN OVERVIEW OF WHAT OUR STRATEGY  
6                   IS. BECAUSE IN A WAY THERE ARE ALWAYS DISCUSSIONS  
7                   ABOUT WHAT STRATEGY AND WHAT ARE LOGISTICS, ET  
8                   CETERA, AND THERE'S NO VERY CLEAR DISTINCTIONS, I  
9                   THINK. I JUST WONDER ABOUT IN THE STRATEGY  
10                  SOMETHING ABOUT SCALING THE UNIQUE FEATURES,  
11                  CAPABILITIES, AND ACHIEVEMENTS OF CIRM. BY SCALING,  
12                  I MEAN EXPANDING. AND SO WE WANT TO HAVE A BIG  
13                  IMPACT IN NOT JUST CALIFORNIA, BUT THE WORLD. AND  
14                  SO ACCELERATING IS IMPORTANT, BUT ALSO FIGURING OUT  
15                  HOW TO EXPAND IT.

16                  AND ONE OF THE WAYS THAT I'M VERY  
17                  ENTHUSIASTIC ABOUT IS THE EDUCATIONAL PROCESSES.  
18                  THAT'S A GREAT WAY TO EXPAND OR SCALE.

19                  THOSE ARE JUST SOME THOUGHTS ABOUT WHAT WE  
20                  ARE TRYING TO DO, WHAT IS OUR STRATEGY IN TWO  
21                  SENTENCES AND THEN GET RIGHT INTO THE THREE PILLARS,  
22                  IF YOU WILL, THAT MARIA SHOWED.

23                  DR. MILLAN: DR. MARTIN, IF YOU LOOK AT  
24                  THE -- I DON'T HAVE IT IN FRONT OF ME. MAYBE MARIA  
25                  CAN POINT TO IT. JUST BEFORE THE MISSION STATEMENT

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1 IN THE STRATEGIC PLAN IN A BLUE BOX, THERE'S  
2 ACTUALLY A STATEMENT OF WHAT THE -- A STATEMENT OF  
3 THE STRATEGY. AND I UNDERSTAND IT DOESN'T SAY  
4 EXPAND, BUT I THINK IT'S IMPLICIT IN THE FACT THAT  
5 THERE'S MORE INVESTMENT INTO THE PROGRAMS THAT WE  
6 DESCRIBE WE'RE GOING TO FUND THE PROGRAMS. AGAIN,  
7 THE EDUCATIONAL PROGRAMS ARE A VERY CLEAR STATED  
8 MISSION. SO THAT WILL DEFINITELY -- IS SOMETHING  
9 THAT IT WILL DO.

10 AND I THINK A STATEMENT THAT WAS MADE AT  
11 THE LAST MEETING IS THAT MISSION STATEMENT CRAFTING  
12 IS SOMETHING THAT IT CANNOT BE COMPLETELY  
13 COMPREHENSIVE, BUT WHAT WE REALLY WANT TO DO IS MAKE  
14 SURE THAT WE CAPTURE THE ESSENCE OF WHY WE'RE HERE  
15 AND WHAT IS IT -- AND HOW DO WE KNOW THAT WE  
16 SUCCEEDED IF WE'VE DONE THIS? AND SO THAT IS,  
17 ALTHOUGH IT DOESN'T -- I HAVE TO SAY WE MUST HAVE  
18 GOTTEN A WHOLE LOAD OF DIFFERENT SUGGESTIONS ON THIS  
19 MISSION STATEMENT. AND ALTHOUGH WE'D LIKE TO BE  
20 ABLE TO DO EVERYTHING, UNFORTUNATELY I DON'T THINK  
21 IT'S POSSIBLE. I THINK THE THING IS IT EMPHASIZES  
22 THE SCIENCE, IT EMPHASIZES IN TERMS OF TREATMENTS TO  
23 PATIENTS, IT EMPHASIZES EQUITY AND DIVERSITY, AND  
24 EDUCATION, BUILDING UP MANUFACTURING IN PUBLIC  
25 PRIVATE PARTNERSHIPS, BUILDING OF HEALTHCARE

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1 SYSTEMS. THOSE ARE THE HOW-TOS. AND SO THOSE ARE  
2 ALL EMBEDDED IN OUR STRATEGY.

3 SO I HOPE THAT THAT REASSURES YOU.  
4 CERTAINLY WE CAN POTENTIALLY ADD WORDING IN THE  
5 DESCRIPTION OF THE STRATEGY AS STATED IN THE BLUE  
6 BOX PRIOR TO THE MISSION STATEMENT THAT SPEAKS TO  
7 HOW THIS WOULD EXPAND BOTH KNOWLEDGE AND PROGRAMS BY  
8 DOING THIS.

9 DR. MARTIN: I AGREE.

10 CHAIRMAN GOLDSTEIN: OKAY. GOOD. THEN  
11 LET'S PROCEED PLEASE.

12 DR. MILLAN: OKAY. SEE IF I CAN MOVE  
13 THESE SLIDES NOW.

14 SO IN TERMS OF THEME ONE, ONE OF THE  
15 STATEMENTS I THINK MADE BY DR. GOLDSTEIN IS THAT WE  
16 REALLY NEED TO MAKE SURE THAT WE CONTINUE TO REMAIN  
17 TRUE TO OUR COMMITMENT, THAT WE ARE NOT AFRAID OF  
18 RISKS, THAT THE SCIENCE IS THERE. SO TO CONTINUE TO  
19 FUND HIGH-RISK, HIGH-REWARD RESEARCH PROJECTS, THAT  
20 THIS IS UNIQUE TO CIRM. AND WE WILL CONTINUE TO DO  
21 THIS BY WAY OF OUR EXISTING FUNDING PROGRAM  
22 ANNOUNCEMENTS AS WELL AS FUTURE ANNOUNCEMENTS, THAT  
23 THIS WILL NOT BY ANY STRETCH LIMIT THE TYPE OF BOLD  
24 PROGRAMS THAT WE WILL FUND IF THE SCIENCE MAKES  
25 SENSE AND IT HAS VALUE.

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1           IN ADDITION, WE WANT -- AS YOU CAN TELL  
2 FROM THE PLAN, A LOT OF THE NARRATIVE IS AROUND THE  
3 RATIONALE FOR BUILDING DATA INFRASTRUCTURE, TO  
4 DEMOCRATIZE DATA THROUGH KNOWLEDGE NETWORKS, AND THE  
5 ACCELERATION OF SCIENCE AND MAYBE THE EXPANSION OF  
6 THOSE PROGRAMS THROUGH THE USE OF THESE  
7 COLLABORATIVE PATHWAYS VIA COMPETENCY HUBS. SO THAT  
8 IS SOMETHING THAT IS A VERY IMPORTANT AND EMPHASIZED  
9 PART OF THE STRATEGIC PLAN.

10           ONE OF THE THINGS THAT WAS BROUGHT UP BY  
11 MANY BOARD MEMBERS, DR. GASSON, I THINK, STEVE  
12 JUELSGAARD, MANY OTHERS WAS THAT WHERE IS CNS IN  
13 THERE BECAUSE THERE WAS \$1.5 BILLION SPECIFICALLY  
14 MENTIONED IN PROP 14. WE STATED IN THE PLAN THAT  
15 THIS GENERAL TEMPLATE OF ENABLING COLLABORATIVE AND  
16 CONSORTIUM RESEARCH, THAT THE FIRST FOCUS WILL BE ON  
17 CNS. AND SO IT'S NOT THAT IT'S EXCLUSIVE TO CNS,  
18 BUT IT WILL BE DESIGNED TO ENABLE INTEGRATED  
19 RESEARCH AND ACTIVITIES AROUND CNS.

20           SO AS I'LL REMIND THE BOARD, THE FUNDING  
21 THAT GOES TO CNS IN GENERAL ORGANICALLY DOES  
22 CALCULATE TO APPROXIMATELY THAT MUCH OF THE TOTAL  
23 BOND FUNDING EVEN IN PROP 71. HOWEVER, WHAT WE WANT  
24 TO DO IS LEVERAGE THAT FUNDING AND GAIN AS MUCH,  
25 EXTRACT AS MUCH VALUE FROM THE FUNDING INVESTMENT WE



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1 PUT INTO THOSE PROGRAMS VIA THE STRUCTURE THAT WE'RE  
2 PROPOSING IN THE STRATEGIC PLAN, CREATION OF  
3 KNOWLEDGE NETWORKS, COMPETENCY HUBS, AND TEAM  
4 SCIENCE.

5 SO I'M GOING TO STOP THERE FOR ANY BOARD  
6 INPUT, DISCUSSION, OR QUESTIONS ON THAT TOPIC.

7 DR. GASSON: SO I WOULD JUST MAKE A  
8 COMMENT, THAT THE PAST FUNDING UNDER PROP 71, IN MY  
9 UNDERSTANDING, WAS PRIMARILY FOR NEURODEGENERATIVE  
10 DISORDERS. IT WAS SPINAL CORD, PARKINSON'S, THOSE  
11 TYPES OF THINGS. WHEREAS, THE NEW \$1.5 BILLION, IF  
12 I UNDERSTAND CORRECTLY, IS AIMED MORE TOWARD  
13 NEUROPSYCHIATRIC DISORDERS, WHICH IS AN AREA OF  
14 TREMENDOUS UNMET NEED.

15 AND I THINK YOU'VE DONE A CONSIDERABLE  
16 AMOUNT OF WORK IN PLANNING AHEAD FOR THAT, BUT I  
17 JUST WANTED TO MAKE THAT ONE DISTINCTION.

18 DR. MILLAN: THANK YOU, DR. GASSON. I  
19 THINK IT INCLUDES NEUROPSYCHIATRIC, BUT IT'S BROAD  
20 CNS. THERE IS INCLUSION IN THE TEXT ABOUT HOW EARLY  
21 THAT FIELD IS, BUT THAT WE BELIEVE THAT SOME OF THE  
22 PROGRAMS THAT WE ARE ENVISIONING, SUCH AS SHARED  
23 MODELS FOR STUDYING NEUROPSYCHIATRIC DISEASE, SUCH  
24 AS CELL MODELS AND GENE EDITABLE CELLS AND STEM  
25 CELLS, AND GENOMICS INFORMATION AND OTHER TYPES OF

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1 DATA THAT COME FROM THAT WILL BE SOMETHING THAT WILL  
2 BE ESSENTIAL FOR THAT AREA OF RESEARCH.

3 MR. TORRES: I JUST WANT TO REITERATE ON  
4 THAT POINT, TO JUDY'S POINT, AND THAT AS ONE OF THE  
5 AUTHORS, AS WE MOVE FORWARD, THAT WAS THE INTENT, TO  
6 MAKE SURE THAT WE DIDN'T IGNORE THIS WHOLE AREA  
7 BECAUSE IT HAS BEEN FOR THE MOST PART. AND IF WE  
8 CAN PROVIDE SOME KIND OF CONTRIBUTION FOR THE  
9 FUTURE, THAT'S WHAT THE INTENT OF PROPOSITION 14  
10 WAS.

11 DR. MILLAN: THANK YOU, ART.

12 SO WE HAVE ACCOUNTED FOR THAT AS MENTIONED  
13 SPECIFICALLY IN THE STRATEGIC PLAN. AND WE DO  
14 BELIEVE THAT THE PROGRAMS THAT ARE BEING SET UP WILL  
15 DEFINITELY GO A LONG WAY.

16 I WANTED TO CALL YOUR ATTENTION IN *NATURE*  
17 *CELL BIOLOGY* AN ARTICLE CAME OUT JOINTLY AUTHORED BY  
18 MYSELF, THE ALLEN INSTITUTE, AND EKEMINI RILEY FROM  
19 THE COALITION FOR ALIGNING SCIENCES, SPEAKING TO THE  
20 IMPORTANCE OF BUILDING DIVERSE CELL MODELS AND  
21 SHARED CELLS AND CELL MODELS. WE WILL SEND A COPY  
22 OF THAT. THERE'S OPEN ACCESS TO IT. WE'LL SEND A  
23 LINK. SO THERE IS GREAT INTEREST AND A SHARED  
24 DESIRE TO BE ABLE TO CREATE THESE TYPE OF RESOURCES  
25 FOR ALL THE VARIOUS AREAS WE ARE TALKING ABOUT,

1 INCLUDING NEUROPSYCHIATRIC.

2 DR. LEVITT: MARIA, JUST ONE COMMENT ON  
3 THE SECOND BULLET. EACH OF THE BULLETS HAS AN  
4 ACTION VERB. THE FIRST ONE IS CONTINUE, AND IT'S  
5 CLEAR WHAT THAT MEANS. THE THIRD ONE IS DEPLOYMENT.  
6 THAT'S AN ACTION ITEM. THE SECOND ONE, DESIGN --  
7 SORRY. I'M BY CHILDREN'S HOSPITAL.

8 THE SECOND ONE, DESIGN IS SOMETHING YOU  
9 DESIGN, BUT NOT NECESSARILY DEPLOY OR IMPLEMENT.  
10 AND THERE'S A WORD YOU USE ON ANOTHER PAGE, PAGE 12,  
11 DEVELOP NEXT GENERATION. I WOULD EVEN SUBSTITUTE  
12 DESIGN FOR DEVELOP INFRASTRUCTURE THAT ORGANIZES AND  
13 DEMOCRATIZES. THE REASON I SAY THAT IS BECAUSE THEN  
14 IT BECOMES NOT IMPLICIT, BUT ACTUALLY VERY CLEAR  
15 THAT THERE'S GOING TO BE AN IMPLEMENTATION OF  
16 INFRASTRUCTURE AND DATA DEMOCRATIZATION THAT'S GOING  
17 TO REQUIRE SOP'S AND OTHER SORTS OF THINGS TO MAKE  
18 SURE THAT THESE BECOME REALLY SHARED DISTRIBUTIVE  
19 RESOURCES.

20 DR. MILLAN: THANK YOU SO MUCH. I'LL MAKE  
21 SURE -- I KNOW THAT THE TEAM IS REALLY TAKING NOTES,  
22 AND WE'LL MAKE SURE THAT THAT -- SO THIS IS JUST MY  
23 PARAPHRASING. SO I MAY HAVE NEGLECTED TO USE THE  
24 WORDING WE HAD IN THE STRATEGIC PLAN ITSELF, BUT WE  
25 WILL ENSURE THAT IT'S MORE ACTIVE AND DELIBERATE IN

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1 THE PLAN. I THINK IT IS. SO I APOLOGIZE THAT MY  
2 SLIDE DECK DOES NOT REFLECT THAT.

3 BY THE WAY, ON THAT TOPIC, THERE'S STILL  
4 ADDITIONAL DISCUSSIONS AND STAKEHOLDER MEETINGS THAT  
5 WILL BE OCCURRING NEXT YEAR TO MAKE SURE THAT WE DO  
6 HAVE SOMETHING THAT CAN BE IMPLEMENTED, THAT'S  
7 FEASIBLE, AND THAT DOES ACHIEVE THIS GOAL. AND YOU  
8 WILL BE INVOLVED IN THOSE DISCUSSIONS. YOU'LL BE  
9 HEARING MORE ABOUT THAT. AND DR. ROSA AVILES IS IN  
10 CHARGE OF THAT AS OUR VP OF SCIENTIFIC PROGRAMS.  
11 THANK YOU.

12 ANY OTHER, DR. GOLDSTEIN? SHALL I GO ON?

13 CHAIRMAN GOLDSTEIN: IF ANYBODY HAS ANY  
14 ADDITIONAL CONCERNS OR QUESTIONS, NOW IS THE TIME TO  
15 GET THEM OUT THERE. GOING ONCE, TWICE. OKAY.  
16 PRESIDENT MILLAN, PLEASE PROCEED.

17 DR. MILLAN: THANK YOU. NEVER BEEN CALLED  
18 PRESIDENT MILLAN.

19 AND THEN IN TERMS OF THE THEME TO OPTIMIZE  
20 CIRM'S CLINICAL FUNDING PARTNERSHIP MODEL, IT SOUNDS  
21 SO ASPIRATIONAL, BUT WE ACTUALLY REALLY DO HAVE A  
22 PROCESS FOR DOING THIS. SO OUR THERAPEUTIC  
23 DEVELOPMENT PROGRAM OVER THE PAST, ESPECIALLY OVER  
24 THE PAST FIVE YEARS OF THE PAST STRATEGIC PLAN, HAS  
25 CREATED A VERY ROBUST WAY OF PARTNERING AND MANAGING

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1 OUR PROGRAMS THROUGH ADVISORY PANELS, THE CLINICAL  
2 ADVISORY PANELS, AND WE ALSO EXTENDED THAT TO  
3 TRANSLATIONAL ADVISORY PANELS. IN THIS WAY WE ARE  
4 ABLE TO REALLY TAKE A PORTFOLIO APPROACH FOR HOW WE  
5 ADVISE OUR PROGRAMS ALTHOUGH THEY'RE VERY, VERY  
6 DIFFERENT, BUT JUST A GENERAL APPROACH OF ENSURING  
7 THAT WE REALLY ARE ALIGNED AND INFORMED BY THE NEEDS  
8 THAT THEY -- BY THE FDA REQUIREMENTS AND THE TYPES  
9 OF PROGRAM NEEDS THAT WILL NEED TO BE IN PLACE IN  
10 ORDER FOR THEM TO BE ABLE TO MOVE DOWN THE  
11 COMMERCIALIZATION PATH.

12 OUR HEAD OF OUR THERAPEUTIC DEVELOPMENT  
13 PROGRAM, DR. ABLA CREASEY, ENVISIONS THAT THIS  
14 ADVISORY PANEL AND PORTFOLIO APPROACH CAN ACTUALLY  
15 BE MOVED TO THE NEXT LEVEL WHERE WE BRING IN  
16 ADDITIONAL EXPERTISE AND RESOURCES SO THAT WE CAN  
17 HELP OUR PROGRAMS REALLY IDENTIFY KEY BOTTLENECKS  
18 TOWARD MARKETING APPROVAL AND THEN ALSO ANTICIPATE  
19 THE POSTMARKETING STRATEGIES.

20 SO WE HAVE BEEN IN DISCUSSION WITH  
21 DIFFERENT GROUPS. THERE'S A LOT OF INTEREST IN  
22 INCLUDING SOME OF THE INITIATIVES OUT THERE, SUCH AS  
23 THE BESPOKE INITIATIVE THAT NIH AND FDA ARE JOINTLY  
24 COLLABORATING ON. WE ARE DISCUSSING WITH THEM THE  
25 POSSIBILITY OF HAVING A MORE FORMAL RELATIONSHIP SO

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1 THAT WE CAN ALL LOOK AT OUR PROGRAMS TOGETHER. IN  
2 THIS CASE IT'S FOR RARE DISEASE WITH AAV RELATED  
3 GENE DELIVERY, BUT THAT WOULD BE A FIRST  
4 DEMONSTRATION CASE OF KIND OF A PORTFOLIO APPROACH.  
5 AND DR. CREASEY IS LEADING THAT DISCUSSION. WE WILL  
6 REPORT BACK WITH MORE SOON.

7 SO THAT IS NOT NECESSARILY A NEW CONCEPT  
8 PROPOSAL. IT'S HOW WE ARE LEVERAGING WHAT WE  
9 ALREADY DO AND CREATING NEW PROGRAMS AND BRINGING  
10 OPPORTUNITIES FORWARD FOR KEY PARTNERSHIPS IN  
11 NAVIGATING THE REGULATORY PATH AS WELL AS  
12 ANTICIPATING HURDLES TOWARD MARKETING APPROVAL.

13 ANY QUESTIONS ON THAT? IN ADDITION --

14 DR. VUORI: SORRY, MARIA. I WAS SLOW IN  
15 GETTING OFF MUTE.

16 IN THE PREVIOUS SLIDES I'M WONDERING HOW  
17 MUCH CIRM IS INVOLVED IN REIMBURSEMENT  
18 CONVERSATIONS, ESPECIALLY AS IT COMES TO SORT OF  
19 POTENTIAL ONE-OFF CURATIVE TREATMENTS. IS THAT  
20 SOMETHING THAT CIRM WILL PARTICIPATE IN?

21 DR. MILLAN: I EXPECT THAT THAT'S  
22 SOMETHING THAT'S GOING TO BE TAKEN UP IN PARTNERSHIP  
23 WITH THE AAWG IN TERMS OF PAYMENT MODELS AND  
24 REIMBURSEMENT AND PATIENT ASSISTANCE.

25 BUT YOU DO RAISE A QUESTION THAT WAS

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1 BROUGHT UP BEFORE ABOUT HOW -- I FORGOT WHO BROUGHT  
2 IT UP -- HOW WILL CIRM HANDLE THINGS SUCH AS  
3 EXTENDED ACCESS AND THOSE TYPE OF WAYS THAT THE  
4 PATIENTS MAY RECEIVE TREATMENTS PRIOR TO APPROVAL.  
5 AND BY HAVING THESE MECHANISMS AND FORMATS FOR  
6 INTERACTING WITH THE FDA AND THE REGULATORY BODIES,  
7 I THINK THAT WE WILL HAVE MORE OF AN OPPORTUNITY TO  
8 WORK THROUGH THAT TOGETHER. IT'S KIND OF RELATED.  
9 THE REIMBURSEMENT WILL COME WITH THE ROAD MAP TOWARD  
10 ACCESSIBILITY AND AFFORDABILITY.

11 DR. MELMED: I THINK THE QUESTION THAT'S  
12 BEEN ASKED, MARIA, IS NOT FDA BUT CNS.

13 DR. MILLAN: SO THAT WOULD BE SOMETHING  
14 THAT WOULD HAVE TO BE -- I THINK THAT'S DR. MELMED;  
15 IS THAT RIGHT?

16 DR. MELMED: CORRECT. YEAH.

17 DR. MILLAN: HELLO. I THINK THAT THAT'S  
18 SOMETHING THAT'S GOING TO HAVE TO BE DISCUSSED  
19 WITHIN THE ACCESSIBILITY AND AFFORDABILITY WORKING  
20 GROUP. AND WE WILL HAVE AN INTERNAL TEAM OF MEDICAL  
21 AFFAIRS AND POLICY WHO WILL WORK WITH ACCESSIBILITY  
22 AND AFFORDABILITY WORKING GROUP TO ENSURE THAT WE  
23 COME UP WITH A ROAD MAP FOR HOW WE HAVE THE  
24 DISCUSSIONS AND GET INFORMED IN TERMS OF HOW WE WORK  
25 THROUGH THOSE PARTICULAR ISSUES.

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1 DR. MELMED: THAT SOUNDS VERY RATIONAL,  
2 BUT JUST IN THE SECOND BULLET TO ADD STAKEHOLDERS,  
3 FDA, AND PAYORS.

4 DR. MILLAN: YES.

5 DR. MELMED: THIS IS A HIGH LEVEL PLAN,  
6 AND SHOULD DEVOLVE DOWN TO THE OTHER COMMITTEES, BUT  
7 I THINK THAT THE POINT THAT WAS RAISED IS VERY  
8 IMPORTANT.

9 DR. MILLAN: THANK YOU. THAT'S A VERY  
10 GOOD POINT. I'M LOOKING AT THIS -- AND YOU'RE  
11 RIGHT. IN TERMS OF THE SPIRIT OF IT, THAT WOULD  
12 ACTUALLY BE -- MAYBE IT'S NOT SOMETHING THAT WILL BE  
13 CARRIED OUT BY THE THERAPEUTICS DEVELOPMENT TEAM PER  
14 SE, BUT IT'S RELATED TO THE PROGRAMS BEING  
15 DEVELOPED.

16 DR. MELMED: PAYORS WITH AN O, NOT PAYERS.

17 DR. MILLAN: YES. THAT'S MY NEW JERSEY  
18 ACCENT. I SPELL IT O. THANK YOU.

19 DR. MELMED: IT'S O.

20 DR. MILLAN: I KNOW THAT.

21 CHAIRMAN GOLDSTEIN: INTERESTING  
22 DISCOVERY. LET'S PROCEED.

23 DR. MILLAN: ALL RIGHT. WE'LL MAKE SURE  
24 TO ADD THAT.

25 AND SO THE ALPHA CLINICS EXPANSION AND



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1 COMMUNITY CARE CENTERS OF EXCELLENCE ARE ITEMS THAT  
2 ARE SPECIFICALLY MENTIONED IN PROPOSITION 14. THE  
3 STRATEGIC PLAN OUTLINES THE IDEA BEHIND ALPHA  
4 CLINICS EXPANSION, NOT JUST IN TERMS OF CAPACITY,  
5 BUT IN TERMS OF EXPERTISE AND RESOURCES, INCLUDING  
6 COMPETENCY HUBS FOR CLINICAL RESEARCH AND HEALTHCARE  
7 DELIVERY.

8 IN ADDITION, THERE WAS A -- I THINK DR.  
9 GOLDSTEIN AND OTHERS HAD MENTIONED THAT IT WAS SO  
10 IMPORTANT TO CREATE OPPORTUNITIES FOR BASIC SCIENCE  
11 REALLY TO HAVE EXPOSURE TO CLINICAL RESEARCH AND TO  
12 THE CONSIDERATIONS AND THE COMMUNITY AND WITH  
13 PATIENTS. AND THIS WILL BE ANOTHER -- IN ADDITION  
14 TO OUR EDUCATION PROGRAMS, WHICH PROVIDE THAT TYPE  
15 OF ENGAGEMENT AND THOSE OPPORTUNITIES, EXPANSION OF  
16 THESE HEALTHCARE INFRASTRUCTURE AND THE ALPHA  
17 CLINICS EXPANSION, AS WELL AS THE FUTURE COMMUNITY  
18 CARE CENTERS WILL PROVIDE AN EXPOSURE AND TRAINING  
19 GROUND FOR STUDENTS AND SCIENTISTS TO INTERACT. AND  
20 THAT IS SOMETHING WE DO ANTICIPATE BUILDING INTO IT.

21 IN ADDITION, THESE PROGRAMS WILL PROVIDE A  
22 SETTING FOR WORKFORCE DEVELOPMENT. AT THE LAST  
23 MEETING IT WAS MENTIONED THAT WE ADDRESS THE ISSUE  
24 OF WORKFORCE, A GAP IN TRAINED WORKFORCE FOR  
25 MANUFACTURING, BUT THERE'S ALSO A GAP IN TERMS OF

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1 CLINICAL RESEARCH AND THE SUPPORT ROLES IN CLINICAL  
2 RESEARCH. AND THESE PROGRAMS, ESPECIALLY THE ALPHA  
3 CLINICS EXPANSION, AS THE FIRST ONE, WILL HAVE THESE  
4 OPPORTUNITIES FOR TRAINING OF NURSES AS WELL AS  
5 CLINICAL TRIAL COORDINATORS AND OTHERS TYPES OF  
6 SPECIALISTS AND ANCILLARY TYPES OF PROGRAMS THAT  
7 COULD SUPPORT CLINICAL TRIALS.

8 CHAIRMAN THOMAS: MARIA, I KNOW WE TOUCHED  
9 ON THIS A BIT AT THE LAST DISCUSSION, BUT COULD YOU  
10 JUST, AGAIN, FOR THE BENEFIT OF THE SUBCOMMITTEE  
11 HERE, LAY OUT THE PROCESS AND TIMELINE TO IMPLEMENT  
12 THE COMMUNITY CARE CENTERS OF EXCELLENCE COMPONENT  
13 OF THIS?

14 DR. MILLAN: SO OF THE TWO, THE ALPHA  
15 CLINICS EXPANSION WILL PRECEDE THE COMMUNITY CARE  
16 CENTERS BECAUSE THERE'S ALREADY AN ESTABLISHED  
17 PROGRAM. AND THEN WHAT WILL HAPPEN IS THAT THAT  
18 ALSO WILL PROVIDE OPPORTUNITIES FOR LINKAGES TO  
19 FUTURE COMMUNITY CARE CENTERS.

20 MARIA BONNEVILLE AND TEAM ARE PLANNING  
21 ADDITIONAL OUTREACH IN THE UPCOMING YEAR SO THAT WE  
22 CAN BE BEST INFORMED IN TERMS OF HOW WE DESIGN THE  
23 COMMUNITY CARE CENTERS, THE TYPES OF PROGRAMS THAT  
24 IT INVOLVES, THE TYPE OF RESOURCES THAT WOULD BE  
25 EMBEDDED IN THESE COMMUNITY CARE CENTERS, THE TYPE

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1 OF SPECIALTIES THAT WOULD BE INVOLVED OR NEED TO BE  
2 GROWN IN ORDER TO TRULY SUPPORT AND ADDRESS THE  
3 NEEDS OF THE COMMUNITY.

4 SO THAT WILL BE SOMETHING THAT WILL STILL  
5 BE IN THE DEVELOPMENT PHASE THROUGH NEXT YEAR, AND  
6 WE DON'T EXPECT THAT THAT WILL ROLL OUT TILL  
7 PROBABLY THE FOLLOWING YEAR. BUT THE IDEA IS THAT  
8 THIS WOULD BE SOMETHING THAT'S IMPLEMENTED WITHIN  
9 THE FIVE-YEAR STRATEGIC PLAN AND WITHIN THE  
10 PARAMETERS AS PROVIDED FOR BY PROP 14.

11 DR. MELMED: MARIA, CAN I EXTEND THAT  
12 QUESTION? THIS SLIDE IS A LITTLE BIT UNCLEAR TO THE  
13 INITIAL READER IN THAT WE'RE TALKING ABOUT RESEARCH  
14 AND WE ARE TALKING ABOUT DELIVERY OF CARE. OR ARE  
15 WE TALKING ABOUT CLINICAL TRIALS? AND IT'S NOT  
16 CLEAR FROM THE SLIDE WHAT WE ARE TALKING ABOUT.

17 ALPHA CLINICS IS CLEARLY RESEARCH.  
18 COMMUNITY CARE CENTERS, ARE WE TALKING ABOUT  
19 DELIVERING CARE OR PARTICIPATING IN CLINICAL TRIALS?  
20 BECAUSE IT'S NOT ARTICULATED ON THE SLIDE. SERVING  
21 THE NEEDS COULD BE -- AND IF IT IS SERVING THE  
22 NEEDS, THEN IT SHOULD NOT JUST BE COMMUNITY CARE  
23 CENTERS. IT SHOULD BE SERVING THE NEEDS TO ALL OF  
24 CALIFORNIA. BUT IS IT JUST CLINICAL TRIAL  
25 PARTICIPATION OR ACCESS TO CLINICAL TRIALS, OR IS IT

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1 ACCESS TO STEM CELL THERAPIES?

2 DR. MILLAN: SO, DR. MELMED, WE BELIEVE  
3 IT'S GOING TO BE ALL OF THE ABOVE. AND WE DON'T  
4 HAVE THE SPECIFICS BECAUSE THIS IS STILL SOMETHING  
5 THAT IS GOING OUT TO THE COMMUNITY TO DETERMINE WHAT  
6 THE CURRENT LEVEL OF UNDERSTANDING IS, HOW ACTUALLY  
7 THIS ALL WORKS IN THE COMMUNITY SO WE HAVE A BETTER  
8 HANDLE ON THE ACADEMIC SETTINGS. LET ME JUST ALSO  
9 PREFACE THIS BY SAYING THIS IS BY NO MEANS A  
10 COMPREHENSIVE SLIDE THAT OUTLINES EVERY ASPECT OF  
11 THE ALPHA CLINICS EXPANSION. IT ONLY HIGHLIGHTS A  
12 SPECIFIC POINT IN THAT THIS WOULD BE A TRAINING --  
13 AN OPPORTUNITY FOR TRAINING.

14 THE ALPHA CLINICS WILL SUPPORT CLINICAL  
15 TRIALS. IT WILL PROVIDE SPECIALIZED EXPERTISE FOR  
16 THINGS SUCH AS THE DELIVERY AND RELEASE OF PRODUCTS,  
17 PHARMACY, ALL OF THAT, BUT IT'S NOT ALL LISTED HERE.  
18 IT'S IN THE STRATEGIC PLAN. THE SLIDES I CREATED  
19 WERE REALLY JUST TO POINT OUT SPECIFIC TOPICS THAT  
20 AROSE IN THE OCTOBER MEETING AND IT'S IN RESPONSE TO  
21 THAT.

22 BUT YOUR QUESTION ABOUT COMMUNITY CARE  
23 CENTERS AND ALPHA CLINICS, IN GENERAL, THE IDEA IS  
24 THAT THEY WILL EACH HAVE A DIFFERENT WAY OF  
25 DELIVERING THESE TYPES OF OFFERINGS, BUT BOTH WILL

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1 BE RELATED, BOTH WILL SERVE SOMEHOW IN SOME CAPACITY  
2 AT CLINICAL TRIALS AS WELL AS HEALTHCARE DELIVERY  
3 AND RESEARCH.

4 COMMUNITY CARE CENTERS OF EXCELLENCE IS  
5 STILL IN ITS FORMATIVE PHASE, BUT JUST THE TYPE OF  
6 RESEARCH THAT WE MIGHT BE TALKING ABOUT AT COMMUNITY  
7 CARE CENTERS OF EXCELLENCE MAY BE THINGS SUCH AS  
8 SOCIAL DETERMINANTS RESEARCH OR OTHER TYPES OF  
9 RESEARCH THAT INFORM ACCESSIBILITY AND  
10 AFFORDABILITY, THAT TYPE OF THING, OR IN ADDITION TO  
11 SOCIAL DETERMINANTS, QUALITY OF LIFE, ET CETERA,  
12 TYPE OF RESEARCH THAT ALSO SUPPLEMENTS AND EXPANDS  
13 ON THE TYPES OF CLASSIC CLINICAL TRIAL RESEARCH THAT  
14 MAY OCCUR AT THE ACADEMIC CENTERS.

15 THESE CENTERS MAY ALSO SERVE TO INFORM AND  
16 DIRECT PATIENTS FROM THE COMMUNITY TO THE ACADEMIC  
17 CENTERS, SO THE ALPHA CLINICS, WHEN APPROPRIATE FOR  
18 BOTH INFORMATION AS WELL AS PARTICIPATION IN  
19 CLINICAL TRIALS.

20 DR. MELMED: I'M NERVOUS THAT PEOPLE ARE  
21 GOING TO READ THIS AND ASSUME ALL SORTS OF THINGS  
22 WHICH AREN'T IN HERE. I'VE GOT A CLINIC IN FRESNO  
23 WHICH HAS NO COMMUNITY CARE CENTER. CAN MY PATIENT  
24 RECEIVE CELL THERAPY?

25 DR. MILLAN: SO I WANT TO SAY THAT THIS

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1 SLIDE DECK IS ONLY FOR PURPOSES OF DISCUSSION. THE  
2 STRATEGIC PLAN DOCUMENT, IT SHOULD BE THE DOCUMENT  
3 THAT WE REALLY REFER TO. I DON'T KNOW IF YOU HAD A  
4 CHANCE TO REVIEW. AND SO IF YOU -- SO IN THAT PAGE  
5 IT DOESN'T TALK ABOUT SPECIFICALLY OR THOSE PAGES IT  
6 DOESN'T COMMIT TO ANYTHING BECAUSE WE REALLY DON'T  
7 KNOW THE FORMAT. IT'S VERY CAREFUL ABOUT THAT.

8 SO WHAT WE DO DESCRIBE IS THE INTENT  
9 BEHIND THIS, WHICH IS IN SOME WAY TO ENSURE THAT WE  
10 HAVE VISIBILITY TO THE OPPORTUNITIES FOR THOSE  
11 TRIALS AS WELL AS, WHERE APPROPRIATE, TO HAVE  
12 INVOLVEMENT OF THE COMMUNITY. BUT AFTER YOU READ  
13 IT, IF YOU'RE STILL CONCERNED, PLEASE LET US KNOW.

14 DR. MELMED: THANK YOU.

15 DR. MILLAN: THANK YOU.

16 CHAIRMAN GOLDSTEIN: OKAY. PLEASE  
17 PROCEED.

18 DR. MILLAN: NEXT SLIDE IS HOPEFULLY LIKE  
19 THE LEAST CONTROVERSIAL BECAUSE I THINK THERE WAS  
20 OVERWHELMING AGREEMENT THAT THERE IS A NEED TO  
21 CREATE A SOLUTION TO MANUFACTURING AND A MORE  
22 RELIABLE WAY TO TRANSFER THE TECHNOLOGY FROM OUR  
23 ACADEMIC GMP EARLY PHASE PRODUCTION OUT TO  
24 COMMERCIALIZATION ENTITIES. AND THIS IS THE  
25 PARTNERSHIP THAT WAS DESCRIBED AT THE LAST BOARD

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1 MEETING. THE IDEA IS TO FUND ACADEMIC GMP  
2 FACILITIES BOTH TO INCREASE THEIR STANDARDS OF  
3 FOLLOWING QUALITY BY DESIGN, CREATING BETTER WAYS OF  
4 TECH TRANSFER, AND WHERE POSSIBLE ADVANCE STANDARDS  
5 THAT CAN BE SHARED ACROSS. THE IDEA IS THAT THESE  
6 ACADEMIC GMP FACILITIES WOULD BOTH SUPPORT AS WELL  
7 AS DEVELOP BETTER STANDARDS THAT DERISK THE EVENTUAL  
8 TECH TRANSFER.

9 AND THEN IN TERMS OF HOW THE INDUSTRY  
10 PARTNERS PLAY INTO THIS, CIRM WOULD FACILITATE THE  
11 INTERACTION BECAUSE THESE ARE INDUSTRY PARTNERS THAT  
12 ALREADY HAVE THEIR OWN BUSINESS PLAN AND MOTIVATION  
13 TOWARD SUCCESS OF THESE PROGRAMS EITHER BY WAY OF  
14 BEING A PROVIDER OF MANUFACTURING SERVICES,  
15 RESOURCES, OR ACTUAL INVESTORS IN BRINGING THESE  
16 FORWARD. SO THAT KIND OF NETWORK AND COLLABORATIVE  
17 TYPE NETWORK AND PUBLIC PRIVATE PARTNERSHIP IS  
18 SOMETHING THAT IS BEING DEVELOPED AS A CONCEPT  
19 PROPOSAL.

20 DR. VUORI: MARIA, I HAVE A QUICK  
21 QUESTION. WHAT IS THE STATUS AND HOW DOES THE IQVIA  
22 CELL AND GENE THERAPY CENTER PLAY INTO ALL THIS? IS  
23 IT STILL SUPPORTED BY CIRM? IS IT USED? WHAT CAN  
24 YOU TELL ABOUT THAT?

25 DR. MILLAN: SO THERE WERE TWO ARMS OF

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1 THAT -- WE INITIALLY CALLED IT ACCELERATING CENTER  
2 AND THE TRANSLATING CENTER, AND THOSE ARE BOTH  
3 AWARDED TO IQVIA. THE ACCELERATING CENTER DEALT  
4 WITH REGULATORY AND CLINICAL OPERATIONS-TYPE  
5 RESOURCES. THAT AWARD HAS ALREADY COMPLETED, AND  
6 THERE'S A SUSTAINABLE BUSINESS UNIT WITHIN IQVIA  
7 THAT STILL PROVIDES US SERVICE. AND THERE IS, I  
8 BELIEVE, STILL AN OFFICE IN SAN DIEGO.

9 SO WHAT HAPPENS THERE IS THAT THEY ACHIEVE  
10 THE SUPPORT OF A CERTAIN NUMBER OF PROGRAMS. IT WAS  
11 A LEARNING PROCESS AND INTERACTIVE PROCESS, AND NOW  
12 THEY ARE SELF-SUSTAINABLE WITHIN THEIR OWN COMPANY  
13 THROUGH IQVIA, BUT NOW THEY CAN SUPPORT CELL AND  
14 GENE THERAPY CLINICAL TRIALS.

15 THE TRANSLATING CENTER IS IN THE FINAL  
16 STAGES OF COMPLETING, AND IT IS ACTIVELY HELPING OUR  
17 PROGRAMS BOTH JUST COMPLETING THEIR PRECLINICAL  
18 PROGRAMS AND MANUFACTURING AND PROCESS DEVELOPMENT  
19 CONSIDERATIONS TO GET THEM PREPARED FOR CLINICAL  
20 TRIALS. ONCE THAT PROGRAM ENDS, WHAT WILL HAPPEN IS  
21 THEY POTENTIALLY COULD ALSO BE SOME OF THE INDUSTRY  
22 PARTNERS THAT COME IN ALONG WITH OTHER INDUSTRY  
23 PARTNERS TO SUPPORT CIRM PROGRAMS IN PROCESS  
24 DEVELOPMENT AND MANUFACTURING, BRINGING IN THE TYPES  
25 OF EXPERTISE THEY BUILT AS THEY WERE INITIALLY



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1 SEEDED TO DO THROUGH THE INITIAL TRANSLATING CENTER  
2 FUNDING.

3 DR. VUORI: GREAT. THANKS.

4 CHAIRMAN GOLDSTEIN: FOLKS, I'M VERY  
5 CONSCIOUS OF THE TIME. AND I THINK WE'RE GOING TO  
6 HAVE TO MOVE A LITTLE BIT FASTER IN ORDER TO MAKE IT  
7 THROUGH THIS DRAFT PLAN AND THEN ALSO TO HAVE TIME  
8 FOR THE BUDGET. SO I'M GOING TO ASK PEOPLE TO HOLD  
9 YOUR QUESTIONS TILL THE END WHERE IT ALL POSSIBLE  
10 AND TRY TO CONCENTRATE THEM AT THE LEVEL OF  
11 STRATEGY, NOT AT THE LEVEL OF INDIVIDUAL DETAILS  
12 ABOUT WHAT WE HAVE DONE IN THE PAST. AS WE GET TO  
13 THE END, IT MAY BE A LITTLE CLEARER WHETHER WE HAVE  
14 TIME OR NOT FOR SOME OF THOSE ADDITIONAL DISCUSSION  
15 POINTS. I APOLOGIZE FOR THE TIME PRESSURE, BUT  
16 WELCOME TO LIFE. MARIA, PLEASE.

17 DR. MILLAN: REAL LIFE AT THE TOP OF THE  
18 SLIDE.

19 AND SO THANKFULLY THIS IS THE FINAL ONE,  
20 BUILD A DIVERSE AND HIGHLY -- STRATEGIC THEME THREE,  
21 BUILD A DIVERSE AND HIGHLY SKILLED WORKFORCE TO  
22 SUPPORT THE GROWTH OF REGENERATIVE MEDICINE ECONOMY  
23 IN CALIFORNIA. WE WILL CONNECT OUR EDUCATION PILLAR  
24 PROGRAMS. AS YOU KNOW, WE HAVE VERY ROBUST  
25 EDUCATION PROGRAMS THAT HAVE BEEN BROUGHT TO THE

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1 BOARD AND AN ADDITIONAL ONE COMING UP SHORTLY. AND  
2 THEN TO INTEGRATE THAT WITH ALL OF THE WORKFORCE  
3 DEVELOPMENT PROGRAMS THAT WILL COME OUT OF THINGS  
4 SUCH AS THE MANUFACTURING NETWORK PUBLIC PRIVATE  
5 PARTNERSHIP. WE ALSO INTEND TO FOSTER ADDITIONAL  
6 COLLABORATION BETWEEN COMMUNITY COLLEGES,  
7 UNIVERSITIES, AND OTHER ACADEMIC ENTITIES FOR  
8 EFFORTS THAT WE TALKED ABOUT PREVIOUSLY, SUCH AS  
9 OVERCOMING THE WORKFORCE DEVELOPMENT NEEDS FOR  
10 MANUFACTURING AS WELL AS BUILDING EXPERTISE IN  
11 PROCESS DEVELOPMENT SCIENCES.

12 AND WE WILL LEVERAGE ALPHA CLINICS AND  
13 COMMUNITY CARE CENTERS, HEALTHCARE DELIVERY SYSTEMS  
14 TO DEVELOP EDUCATION CURRICULA. THIS SOMETHING THAT  
15 DR. MIASKOWSKI MENTIONED EARLIER ABOUT ARE WE  
16 INVOLVED -- WILL WE BE INVOLVED IN CURRICULUM  
17 DEVELOPMENT? WE BELIEVE OUR EDUCATION PROGRAMS AS  
18 WELL AS ALL THESE OTHER INFRASTRUCTURE PROGRAMS BY  
19 NATURE WILL BE ABLE TO BUILD CURRICULA AS WELL AS  
20 POTENTIAL CERTIFICATION PROGRAMS.

21 ALL RIGHT. I JUST LOST MY SLIDES AGAIN.  
22 I THINK THAT'S IT. DR. GOLDSTEIN.

23 CHAIRMAN GOLDSTEIN: WE'RE CLOSER TO THE  
24 END THAN I THOUGHT. SO WE DO HAVE TIME FOR SOME  
25 DETAILS AS WELL AS STRATEGIC QUESTIONS. PLEASE,

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1 MEMBERS OF THE SUBCOMMITTEE. MARK FISCHER-COLBRIE,  
2 TAKE IT AWAY.

3 DR. FISCHER-COLBRIE: THIS IS AN  
4 ADDITIONAL DATA POINT. I THINK FROM A STRATEGIC  
5 PERSPECTIVE, WE SHOULD DO A LITTLE BIT OF A CALL-OUT  
6 AROUND DATA SCIENCE; IN OTHER WORDS, USING  
7 ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING TOOLS  
8 TO HELP ACCELERATE SCIENCE. I THINK IN THE DOCUMENT  
9 WE MAKE A VERY OBLIQUE REFERENCE TO AI, AND I THINK  
10 THAT'S GOING TO BE AN IMPORTANT STRATEGIC ELEMENT  
11 FOR US TO EXPLORE. AND I THINK SUPPORTING THAT IS  
12 THE CONCEPT OF THE FAIR DATA STANDARDS, WHICH GETS  
13 TO OUR DATA SHARING ASPECT AS WELL. AND THOSE FAIR  
14 DATA STANDARDS THAT HELP SUPPORT MACHINE LEARNING  
15 AND DATA SCIENCE EXPANSION AND ACCELERATION, THAT'S  
16 FINDABLE, ACCESSIBLE, INTEROPERABLE, AND REUSABLE.

17 WE SORT OF TOUCHED A LITTLE BIT ON THE  
18 DATA SIDE INTEROPERABLE, BUT I WOULD RECOMMEND  
19 SOMEWHERE WE BAKE IN THAT WE HAVE A GOAL OF TRYING  
20 TO GET TO THE FAIR DATA STANDARDS, WHICH IS AN  
21 ACKNOWLEDGED DATA STREAM FOR BEING ABLE TO SHARE  
22 INFORMATION IN A BROADER MANNER.

23 DR. MILLAN: THANK YOU SO MUCH. IT'S  
24 ACTUALLY -- WE WILL MAKE SURE THAT IT'S MORE  
25 APPARENT, BUT THE IDEA BEHIND THE KNOWLEDGE NETWORKS

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1 IS JUST THAT. THOSE ARE KIND OF THE HOW-TOS AND THE  
2 LOGISTICS OF THAT.

3 JUST BY THE WAY, IN OUR PROGRAM  
4 ANNOUNCEMENTS ALREADY, OUR RFA'S, WHEN WE ASK FOR  
5 APPLICANTS TO SUBMIT THEIR SHARING PLAN, WE DO  
6 SPECIFICALLY POINT TO THE FAIR DATA STANDARDS AS ONE  
7 OF THE REFERENCES.

8 IN ADDITION, DATA SCIENCE IS SOMETHING  
9 THAT'S INCLUDED IN OUR EDUCATION PROGRAMS AND WILL  
10 BE EVEN MORE SOMETHING YOU WILL SEE A LITTLE BIT  
11 MORE DRAMATICALLY IN THE UNDERGRADUATE EDUCATION  
12 PROGRAM WHICH WILL BE COMING TO YOU SOON. BUT TO  
13 YOUR POINT, WE SHOULD HIGHLIGHT IT AS ONE OF THE  
14 AREAS WITHIN THE EDUCATION PROGRAMS THAT WILL BE  
15 SPECIFICALLY INCLUDED. SO WE WILL INCLUDE THAT IN  
16 THE WORDING. THANK YOU SO MUCH.

17 DR. FISCHER-COLBRIE: THANK YOU.

18 CHAIRMAN GOLDSTEIN: OTHER QUESTIONS,  
19 COMMENTS, OR SUGGESTIONS PLEASE.

20 DR. MELMED: MARIA, IN AN EARLIER  
21 ITERATION TWO OR THREE YEARS AGO OF THIS PLAN WHEN  
22 WE FIRST STARTED TALKING ABOUT IT, WE DISCUSSED THE  
23 POSSIBILITY OF CIRM BECOMING AN ACCREDITING AGENCY  
24 FOR CLINICAL TRAINING IN CELL THERAPY. DID THAT  
25 FALL OFF THE RADAR SCREEN? WAS THERE A LACK OF

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1 INTEREST, OR IS IT NOT --

2 DR. MILLAN: OH, THERE IS DEFINITELY A  
3 VERY STRONG INTEREST. AND WHAT WE'RE HOPING IS THAT  
4 WE ARE ENCOURAGING OUR ALPHA CLINICS EXPANSION  
5 APPLICANTS TO BE ABLE TO INCLUDE THAT IN THEIR  
6 PLANS.

7 DR. MELMED: THAT WOULD HAVE TO COME FROM  
8 US, NOT FROM THE CLINIC. IF WE'RE GOING TO BECOME  
9 AN AGENCY WHICH IS GOING TO ACCREDIT TRAINING  
10 PROGRAMS IN CLINICAL CELL THERAPY, THAT WOULD HAVE  
11 TO BE A CENTRAL CIRM PROJECT, NOT --

12 DR. MILLAN: SURE. I DO BELIEVE, NOT JUST  
13 FOR CLINICAL, BUT OTHER TYPE AREAS AS WELL THAT ONCE  
14 WE -- CIRM ITSELF, THOUGH, IS NOT THE EXPERT IN  
15 TRAINING. WE DON'T RUN FELLOWSHIP PROGRAMS. WE  
16 DON'T DO ANY OF THAT. SO WE REALLY WILL RELY ON OUR  
17 ACADEMIC CENTERS TO SAY HERE'S A CURRICULA, HERE'S A  
18 TRAINING, HERE'S THE REQUIREMENTS, AND ON TOP OF  
19 THAT, THERE ARE THESE STEM CELL-RELATED THINGS. WE  
20 PROPOSE TO YOU THAT THIS MAKES UP -- AND IT WILL BE  
21 UP TO CIRM TO DECIDE THAT MEETS OUR STANDARDS, AND  
22 THEN WE WOULD BRING IT TO THE BOARD AS TO WHETHER WE  
23 CAN HAVE -- WHETHER WE CAN ACTUALLY HAVE IT AS CIRM  
24 CERTIFIED TRAINING PROGRAM.

25 AND THAT'S SOMETHING THAT WE DEFINITELY

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1 HAVE DISCUSSED. IT HAS NOT FALLEN OFF OUR RADAR.  
2 BUT IN TERMS OF THE HOW-TOS, IT REALLY NEEDS TO GROW  
3 FROM THE ACADEMIC CENTERS TO FEED INTO THAT  
4 BECAUSE -- AND SO I MENTIONED THE ALPHA CLINICS  
5 EXPANSION BECAUSE THAT'S THE VERY PLACE WHERE  
6 CLINICAL RESEARCH OCCURS. THAT'S A STARTING POINT.  
7 AND THEN FROM THAT WE CAN BUILD ON HOW WE BRING IN  
8 ADDITIONAL CENTERS AND HOW WE INTERACT WITH  
9 ACCREDITING BODIES AND SOCIETIES.

10 CHAIRMAN GOLDSTEIN: IF I CAN ADD A  
11 COMMENT HERE. IT SEEMS TO ME THAT A RELEVANT  
12 COMPARISON WOULD BE THE NIH IN THIS CASE. SO THE  
13 NIH ITSELF DOESN'T REALLY DO A LOT OF ACCREDITATION  
14 PROGRAMS; BUT, OF COURSE, IT FUNDS A GREAT DEAL OF  
15 RESEARCH AND PROFESSIONAL ACTIVITIES AND CURRICULUM  
16 DEVELOPMENT AND ALL THAT. THAT'S PROBABLY WHERE  
17 THOSE SORTS OF ACCREDITATIONS SHOULD ORIGINATE FOR  
18 US AS WELL. BECAUSE I THINK YOU'RE RIGHT, MARIA.  
19 TO BUILD OUT AN ACCREDITATION UNIT WITHIN CIRM, THAT  
20 IS A SERIOUS UNDERTAKING. AND GIVEN THE LIMITS ON  
21 AMOUNT OF FINANCIAL EXPENDITURE AND NUMBER OF  
22 EMPLOYEES, THIS MAY NOT BE THE BEST PLACE FOR US TO  
23 BUILD IT OUT. BUT OTHER COMMENTS PLEASE. WELL,  
24 THAT KILLED DISCUSSION.

25 DR. MILLAN: BUT HAVING SAID THAT, THOUGH,

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1 I REALLY DO THINK THAT WE HAVE AN OPPORTUNITY TO  
2 INFLUENCE IN A WAY THAT WOULD MAKE THAT SO. AND SO  
3 I DON'T THINK -- I THINK WITHOUT HAVING TO DO A  
4 LAYOUT IN TERMS OF OUR OWN INFRASTRUCTURE, OUR OWN  
5 FUNDS, I THINK JUST BY VIRTUE OF PROMOTING THESE  
6 STANDARDS AND PROMOTING THESE OPPORTUNITIES WITHIN  
7 OUR PROGRAMS IN A STRUCTURED AND ORGANIZED WAY,  
8 THERE ARE -- I THINK THAT THE LEADERS WITHIN THE  
9 ACADEMIC CENTERS ARE VERY INTERESTED IN KIND OF  
10 BEING THE AMBASSADORS TO MAKE THAT HAPPEN. THAT'S  
11 WHERE IT BELONGS. IT BELONGS WITH THE ACADEMIC  
12 LEADERS, WITH THOSE WHO RUN FELLOWSHIP PROGRAMS, OR  
13 INTEGRATED WITHIN THE UNIVERSITIES THAT DO  
14 APPOINTMENTS.

15 CHAIRMAN GOLDSTEIN: DR. MELMED, YOU  
16 SATISFIED WITH THAT?

17 DR. MELMED: YEAH. I HOPE THAT SOMEONE  
18 ELSE DOESN'T DO IT INSTEAD OF US. CAN YOU IMAGINE  
19 THE CARDIOLOGISTS SUDDENLY SAYING, WE GOT A STEM  
20 CELL PROGRAM IN CARDIOLOGY? YEAH. IT HAS TO BE  
21 LEADERS.

22 DR. MILLAN: I THINK WE SHOULD DO IT WITH  
23 THE CARDIOLOGISTS.

24 DR. VUORI: SORRY. MAYBE CONVERSATION  
25 WITH CALIFORNIA MEDICAL ASSOCIATION IF THEY HAVE

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1 ANY --

2 DR. MELMED: THEY DON'T DO IT, NO.

3 DR. VUORI: THEY DON'T WANT TO DO THAT.

4 DR. MELMED: THEY'LL GO TO THE

5 PROFESSIONAL SOCIETIES.

6 DR. MILLAN: PROFESSIONAL SOCIETIES. I

7 ALWAYS POINT TO A STORY WHERE WHEN I STARTED MY  
8 TRANSPLANT SURGERY TRAINING, THERE WAS NO SPECIFIC  
9 CERTIFICATION. YOU WERE A GENERAL SURGEON AND YOU  
10 WENT THROUGH TRAINING, YOU DID AS MANY CASES AND YOU  
11 GOT THE REQUIRED AMOUNT, AND THEN YOU WERE ABLE TO  
12 GET A JOB AS A TRANSPLANT SURGEON. BUT THEN DURING  
13 MY TRAINING AT THE VERY END, THE AMERICAN SOCIETY  
14 FOR TRANSPLANT SURGEONS THEN CREATED REQUIREMENTS,  
15 AND THEN PROGRAMS WERE THEN DEEMED ABLE TO GIVE  
16 CERTIFICATION FOR TRANSPLANT SURGERY.

17 SO IT'S SOMETHING THAT REALLY DOES HAPPEN  
18 AS THE FIELD MATURES, AND I THINK CIRM CAN PLAY AN  
19 IMPORTANT PART IN MATURING THAT DIRECTION.

20 CHAIRMAN GOLDSTEIN: GOOD.

21 DR. MELMED: THANK YOU.

22 CHAIRMAN THOMAS: OTHER QUESTIONS OR ITEMS  
23 OF DISCUSSION?

24 DR. LEVITT: SO THEME ONE HAS A LOT OF  
25 REFERENCE TO SHARED RESEARCH LABORATORIES AND



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1 DEVELOPMENT OF HUBS. AND SOMETIMES THE STATEMENTS  
2 ARE VERY EXPLICIT ABOUT WHAT THE GOALS ARE, WHICH IS  
3 WHAT A STRATEGIC PLAN SHOULD DO, BUT SOMETIMES IT  
4 LACKS SPECIFICITY. LIKE I STILL DON'T QUITE  
5 UNDERSTAND WHAT A RESEARCH HUB WILL BE AND WHO WILL  
6 HAVE ACCESS TO IT. AND I UNDERSTAND THE LIMITATIONS  
7 OF WHAT YOU INCLUDE IN THE OVERARCHING STRATEGIC  
8 PLAN, BUT SOME OF THIS REQUIRES A LOT OF  
9 SPECIFICITY.

10 I GO ONTO THE CIRM WEBSITE, AND I DON'T  
11 FIND VERY MUCH INFORMATION ABOUT SHARED RESEARCH  
12 LABORATORIES, FOR EXAMPLE. I DON'T WANT TO SEE A  
13 REPEAT OF THAT, WHERE IT SEEMS VERY INSULAR. THAT  
14 IS, THEY EXIST, BUT IT'S VERY INSULAR IN TERMS OF --  
15 BECAUSE HERE THERE'S LANGUAGE ABOUT ACCESS TO THESE  
16 HUBS OUTSIDE OF THE FUNDED INSTITUTIONS THAT I  
17 ASSUME ALSO SCIENTISTS WHO ARE DOING STEM CELL  
18 REGENERATIVE MEDICINE RESEARCH WHO MAY NOT BE  
19 RUNNING THE HUB NONETHELESS NEED ACCESS TO IT IF  
20 THESE ARE GOING TO BE TRULY SHARED.

21 SO I'M JUST SPEAKING OF SOMEBODY -- I'M  
22 OUTSIDE OF THE COMMUNITY AND LOOK TOWARDS IT, AND I  
23 DON'T SEE AS MUCH CLARITY AS I THINK THERE SHOULD  
24 BE. FOR EXAMPLE, THERE'S A STATEMENT IN THERE THAT  
25 SAYS SOME COMPETENCY HUBS COULD SERVE AS A WORKFORCE

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1 TRAINING MICROCOSM. I THINK THAT'S A GREAT IDEA,  
2 BUT COULD IS LIKE, WELL, WILL IT BE, OR IS THIS PART  
3 OF THE STRATEGIC PLAN OR THIS IS AN OPTION. SO I  
4 THINK A STRATEGIC PLAN NEEDS IN SOME PLACES A BIT  
5 MORE SPECIFICITY. WILL BE. OKAY. IT WILL BE.  
6 THAT MEANS THE STRATEGIC PLAN.

7 CHAIRMAN GOLDSTEIN: DR. LEVITT, COULD YOU  
8 PLEASE SUPPLY PRESIDENT MILLAN WITH SOME OF THOSE  
9 COMMENTS IN WRITING SO SHE KNOWS WHERE YOUR CONCERNS  
10 ARE? MARIA, THAT GOING TO BE OKAY WITH YOU?

11 DR. LEVITT: ABSOLUTELY.

12 DR. MILLAN: YES, BUT I THINK THAT -- I  
13 THINK I KNOW WHERE THAT COMES FROM IN TERMS OF THE  
14 IDEA THAT SOME OF IT LACKS SPECIFICITY. THE IDEA OF  
15 COMPETENCY HUBS IS A VERY BROAD DESCRIPTION THAT  
16 REALLY SPEAKS TO A PRINCIPLE RATHER THAN AN ACTUAL  
17 PROGRAM. WHEREAS, A SHARED LAB, LIKE A CELL-BASED  
18 SHARED LAB LIKE IPSC'S OR WHATEVER, ARE SPECIFIC.  
19 OKAY. WE JUST NEED TO DO A BETTER JOB OF THIS.

20 THE SHARED LABS IS AN EXAMPLE OF A  
21 COMPETENCY HUB. WHEREAS, A COMPETENCY HUB COULD BE  
22 SOMETHING THAT'S NOT NECESSARILY SPECIFICALLY AND  
23 PRIMARILY CIRM FUNDED, BUT IT COULD BE SOMETHING  
24 THAT'S BUILT INTO THE THINGS WE DO, SUCH AS IT COULD  
25 BE THAT THE ALPHA CLINICS, THE CLINICAL NETWORKS,

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1 HAVE A VERY SPECIALIZED IMAGING CORE THAT BECOMES A  
2 COMPETENCY HUB. THEN THAT IS SOMETHING THAT HAS  
3 BROAD APPLICATION ACROSS THE ALPHA CLINICS NETWORK.  
4 WHEREAS, THE SHARED LABS ITSELF FOR WHICH THERE'S  
5 SPECIFIC FUNDING WITH POTENTIAL RENOVATION FUNDING,  
6 WE ENVISION AS THE FIRST ROLLOUT AN EXAMPLE OF A  
7 COMPETENCY HUB WILL BE SOMETHING THAT PROVIDES FOR  
8 AND DEALS WITH SPECIALIZED CELLS AND CELL MODELS.

9 SO WE WILL TAKE A LOOK AT THAT SO THAT WE  
10 CAN MAKE IT VERY CLEAR WHAT IS THE BROAD PRINCIPLE,  
11 AND THEN THIS IS AN EXAMPLE OF IT AS A SPECIFIC  
12 PROGRAM.

13 DR. LEVITT: I THINK THAT WOULD BE REALLY  
14 HELPFUL.

15 DR. MILLAN: THANK YOU VERY MUCH.

16 CHAIRMAN GOLDSTEIN: OKAY. ADDITIONAL  
17 QUESTIONS OR DISCUSSION BEFORE WE WRAP THIS UP?  
18 OKAY. CAN WE GET A MOTION ON THE TABLE PLEASE? I  
19 THINK, MARIA --

20 DR. FISCHER-COLBRIE: I MOVE TO APPROVE.

21 CHAIRMAN GOLDSTEIN: HERE WE GO. THANK  
22 YOU.

23 DR. MILLAN: I'M SORRY. I FORGOT TO ASK  
24 FOR THAT.

25 CHAIRMAN GOLDSTEIN: THAT'S MY JOB TO ASK.

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1 DR. LEVITT: SECOND.

2 MS. BONNEVILLE: WAS THAT PAT?

3 DR. LEVITT: YEAH.

4 MS. BONNEVILLE: THANK YOU.

5 CHAIRMAN GOLDSTEIN: OKAY. FURTHER  
6 DISCUSSION BEFORE WE MOVE ON? ANY ADDITIONAL FINAL  
7 QUESTIONS, FINAL DISCUSSION? HEARING NONE, MEMBERS  
8 OF THE PUBLIC, PUBLIC COMMENTS? MARIA, WE GOT ANY?

9 MS. BONNEVILLE: NO, NO HANDS RAISED.

10 CHAIRMAN GOLDSTEIN: OKAY. THEN TO THE  
11 EXCITING PART. MARIA, COULD YOU PLEASE CALL THE  
12 ROLL.

13 MS. BONNEVILLE: HAIFA ABDULHAQ.

14 DR. ABDULHAQ: PRESENT.

15 MS. BONNEVILLE: ELENA FLOWERS.

16 DR. FLOWERS: PRESENT.

17 CHAIRMAN GOLDSTEIN: I THINK WE NEED A YES  
18 OR A NO.

19 MS. BONNEVILLE: THIS IS A YES-OR-NO VOTE.

20 MR. TORRES: RIGHT. NOT A ROLL CALL.

21 YOU NEED TO START THE ROLL CALL AGAIN, MARIA.

22 MS. BONNEVILLE: I'M DOING SO. HAIFA.

23 DR. ABDULHAQ: YES.

24 MS. BONNEVILLE: THANK YOU. ELENA  
25 FLOWERS.

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1 DR. FLOWERS: YES.  
2 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
3 DR. FISCHER-COLBRIE: AYE.  
4 MS. BONNEVILLE: JUDY GASSON.  
5 DR. GASSON: YES.  
6 MS. BONNEVILLE: LARRY GOLDSTEIN.  
7 CHAIRMAN GOLDSTEIN: YES.  
8 MS. BONNEVILLE: DAVID HIGGINS. PAT  
9 LEVITT.  
10 DR. LEVITT: YES.  
11 MS. BONNEVILLE: DAVID LO.  
12 DR. LO: YES.  
13 MS. BONNEVILLE: DAVID MARTIN.  
14 DR. MARTIN: YES.  
15 MS. BONNEVILLE: SHLOMO MELMED.  
16 DR. MELMED: YES.  
17 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
18 DR. MIASKOWSKI: YES.  
19 MS. BONNEVILLE: JONATHAN THOMAS.  
20 CHAIRMAN THOMAS: YES.  
21 MS. BONNEVILLE: ART TORRES.  
22 MR. TORRES: YES.  
23 MS. BONNEVILLE: KRISTINA VUORI.  
24 DR. VUORI: YES.  
25 MS. BONNEVILLE: KAROL WATSON. KEITH

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1 YAMAMOTO.

2 DR. YAMAMOTO: YES.

3 MS. BONNEVILLE: MOTION CARRIES.

4 CHAIRMAN GOLDSTEIN: OKAY. VERY GOOD.

5 THANK YOU, MEMBERS OF THE COMMITTEE.

6 OKAY. FINAL ITEM ON TODAY'S MEETING,  
7 CONSIDERATION OF A REVISED CIRM BUDGET FOR FISCAL  
8 YEAR 21/22. IS THAT POUNEH SIMPSON.

9 MS. SIMPSON: YES. GOOD AFTERNOON.

10 CHAIRMAN GOLDSTEIN: HANG ON A SECOND.

11 MARK, YOU HAVE YOUR HAND UP.

12 DR. FISCHER-COLBRIE: JUST A QUICK  
13 COMMENT, THAT I'D LIKE TO PUBLICLY ACKNOWLEDGE THE  
14 TREMENDOUS WORK BY THE CIRM STAFF TO PREPARE THE  
15 STRAT PLAN IN CONJUNCTION WITH ALL THE PARTIES THAT  
16 THEY INTERACTED WITH, BUT EXTREMELY WELL DONE. SO  
17 THANK YOU.

18 CHAIRMAN GOLDSTEIN: THANK YOU VERY MUCH  
19 FOR THAT. YES, PRESIDENT MILLAN, COMPLIMENT YOUR  
20 STAFF, EVERYBODY HERE. GOOD JOB.

21 DR. MILLAN: I WANT TO THANK -- I MEAN THE  
22 TEAM WORKED ON THIS, AND THE LEADERSHIP TEAM HAD  
23 ORGANIZED ALL THE DIFFERENT WORKS GROUPS AS YOU SAW  
24 FROM HOW IT WAS DESCRIBED IN THE END. AND THE  
25 WRITING TEAM, WHICH INCLUDES SHYAM PATEL AND MITRA

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1 HOOSHMAND AND MARIA BONNEVILLE IN TERMS OF KIND OF  
2 THE LOOK AND FEEL OF THE DOCUMENT ITSELF, THEY WERE  
3 INSTRUMENTAL IN KIND OF THE FINAL PRODUCT. SO  
4 REALLY THIS IS A HUGE TEAM EFFORT INVOLVING THE  
5 ENTIRE ORGANIZATION, THE BOARD, AND OUR EXTERNAL  
6 STAKEHOLDERS. THANK YOU VERY MUCH.

7 CHAIRMAN GOLDSTEIN: GREAT. WAY TO LEAD  
8 THE TEAM, MARIA. OKAY.

9 NOW ON TO POUNEH. GREAT. THANK YOU.

10 MS. SIMPSON: YES. THANK YOU FOR THE  
11 OPPORTUNITY TO PRESENT TO YOU. I'M POUNEH SIMPSON,  
12 THE DIRECTOR OF FINANCE. I'LL BE PRESENTING THE  
13 MID-YEAR REVISED BUDGET PROPOSALS TO YOU FOR  
14 APPROVAL.

15 SO JUST TO GIVE YOU SOME CONTEXT WITH  
16 REGARDS TO THE MID-YEAR PROPOSAL, IN 2021 WHEN THE  
17 BOND PASSED, WE CAME TO YOU WITH A MID-YEAR BUDGET  
18 TO REFLECT THE RAMPING UP OF CIRM BECAUSE THE  
19 ORIGINAL BUDGET WAS BASED ON A RAMPING DOWN.

20 SIMILAR TO LAST YEAR, WE ARE COMING TO YOU  
21 WITH A MID-YEAR BUDGET BASED ON WHAT YOU APPROVED IN  
22 JUNE AND THEN THE CHANGES THAT NEED TO OCCUR TO  
23 REFLECT THE INITIATIVES THAT DR. MILLAN JUST  
24 PRESENTED AS PART OF THE STRATEGIC PLAN.

25 SO AS BACKGROUND, IN JUNE THE BOARD

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1 APPROVED A BUDGET OF 360 MILLION IN RESEARCH GRANTS.  
2 AND THIS SLIDE KIND OF SUMMARIZES THE DIFFERENT  
3 CATEGORIES AND THE AMOUNTS THAT WERE APPROVED IN  
4 JUNE.

5 SO CONTINUING ON WITH WHAT THE PROPOSAL IS  
6 THIS YEAR, WE ARE COMING TO YOU WITH A REQUEST OF  
7 \$114 MILLION IN INCREASES. SO THE MIDDLE COLUMN  
8 REPRESENTS THE MID-YEAR BUDGET IN TWO CATEGORIES.  
9 THE FIRST CATEGORY, THE TRANSLATIONAL RESEARCH  
10 BUDGET, WE'D LIKE TO INCREASE BY 34 MILLION BECAUSE  
11 THE ORIGINAL BUDGET THAT WAS APPROVED WAS BASED ON  
12 BENCHMARK COSTS OF PRIOR FUNDING ROUNDS. SINCE THE  
13 BEGINNING OF THIS YEAR, WE HAVE HAD AN INCREASED  
14 TREND IN GRANT REQUESTS AND VIABLE CANDIDATES, SO WE  
15 ARE ASKING FOR AN INCREASE TO BE ABLE TO FULLY FUND  
16 THE REQUESTS THIS YEAR.

17 AND THEN WITH THE INFRASTRUCTURE, WE WOULD  
18 LIKE TO SUPPORT PROGRAMS ANTICIPATED IN 20/21 THAT  
19 DR. MILLAN JUST MENTIONED IN THE STRATEGIC PLAN FOR  
20 AN INCREASED TOTAL OF 114 MILLION OR A TOTAL BUDGET  
21 OF 447 MILLION. SO WE'D ASK FOR YOUR SUPPORT AND  
22 APPROVAL FOR THAT REQUEST. THAT IS THE  
23 PRESENTATION, AND I'M HAPPY TO ANSWER ANY QUESTIONS  
24 YOU MAY HAVE.

25 CHAIRMAN GOLDSTEIN: MAYBE I'LL ASK THE



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1 FIRST ONE. SO IF YOU RATCHET THIS FORWARD TEN  
2 YEARS, ARE WE STILL IN GOOD SHAPE?

3 MS. SIMPSON: YES, ABSOLUTELY. WE HAVE  
4 TAKEN INTO CONSIDERATION FUNDING OF THE CORE  
5 PILLARS, AND THERE'S FUNDING FOR AT LEAST TEN YEARS  
6 AND DEFINITELY MORE DEPENDING ON HOW MUCH THE AWARDS  
7 ARE EACH YEAR.

8 CHAIRMAN GOLDSTEIN: AND THEN A REQUEST.  
9 IF WE'RE GOING TO KEEP THE SLIDES UP, COULD YOU KEEP  
10 THE SLIDE UP WITH THE PROPOSED BUDGET CHANGE? THANK  
11 YOU. MEMBERS OF THE COMMITTEE.

12 DR. VUORI: I HAVE A VERY SIMILAR QUESTION  
13 TO LARRY. CAN YOU REMIND IF ANY OF THESE CATEGORIES  
14 WERE CAPPED IN THE PROP 14?

15 MS. SIMPSON: I WILL DEFER TO OUR GRANTS  
16 MANAGEMENT TEAM FOR THAT.

17 DR. MILLAN: I CAN SPEAK TO THAT, POUNEH.  
18 SO, DR. VUORI, THERE WERE NO CAPS TO SPECIFIC  
19 PROGRAMS. THERE'S A CAP ON ANNUAL EXPENDITURE FOR  
20 RESEARCH, AND THESE WERE ALL WITHIN THAT CAP. THE  
21 ACTUAL PROPOSED BUDGET IN JUNE THAT WAS PRESENTED BY  
22 JENNIFER LEWIS WAS BASED ON BENCHMARKING FOR WHAT  
23 OUR PAST PERFORMANCE HAD BEEN FOR THE DIFFERENT  
24 CATEGORIES BASED ON THE YIELD FOR EACH REVIEW, THE  
25 AMOUNT, THE AVERAGE AMOUNT PER EACH AWARD, AND THE

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1 NUMBER OF CYCLES OF ANTICIPATED AWARDS. AND THAT'S  
2 HOW WE ARRIVED AT THE NUMBERS.

3 AND THE REASON THAT WE INCREASED THE  
4 TRANSLATIONAL IS BECAUSE THE PERFORMANCE THIS YEAR  
5 WAS HIGHER THAN OUR PRIOR BENCHMARK. WE ALWAYS  
6 BENCHMARK TO THE MAXIMUM YIELD JUST TO MAKE SURE  
7 THAT WE HAVE ENOUGH FUNDS AVAILABLE FOR THOSE THAT  
8 ARE RECOMMENDED TO THE BOARD.

9 DR. VUORI: THANKS.

10 CHAIRMAN GOLDSTEIN: MARK FISCHER-COLBRIE  
11 PLEASE. I THINK YOU ARE ON MUTE.

12 DR. FISCHER-COLBRIE: SORRY. DO WE HAVE A  
13 GOOD TRACKING MECHANISM FOR TRACKING THE \$1.5  
14 BILLION INITIATIVE RELATED TO BRAIN TREATMENTS?

15 DR. MILLAN: THAT'S BEING TRACKED ACTIVELY  
16 BY OUR SCIENCE AND GRANTS MANAGEMENT TEAM.

17 DR. FISCHER-COLBRIE: THANK YOU.

18 CHAIRMAN GOLDSTEIN: THANK YOU. OTHER  
19 QUESTIONS, CONCERNS, WHAT HAVE YOU FROM THE  
20 SUBCOMMITTEE?

21 CHAIRMAN THOMAS: LARRY, CAN I JUST MAKE  
22 ONE QUICK COMMENT. JUST FOR MEMBERS OF THE  
23 SUBCOMMITTEE, THESE NUMBERS WERE PREVIEWED WITH AL  
24 ROWLETT, AS CHAIR OF THE FINANCE SUBCOMMITTEE, AND  
25 MYSELF LAST WEEK, AND WE ARE COMPLETELY ALIGNED WITH

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1 THESE AS THE NUMBERS THAT SHOULD GO FORWARD.

2 CHAIRMAN GOLDSTEIN: GOOD. THANK YOU,  
3 J.T. OTHER QUESTIONS OR COMMENTS?

4 MR. TORRES: MOVE TO APPROVE.

5 DR. VUORI: SECOND.

6 MS. BONNEVILLE: ART AND KRISTINA; IS THAT  
7 CORRECT?

8 DR. VUORI: YES.

9 CHAIRMAN GOLDSTEIN: THANK YOU. MOTION IS  
10 ON THE TABLE. ANY FURTHER QUESTIONS, MEMBERS OF THE  
11 SUBCOMMITTEE? HEARING NONE, ANY QUESTIONS OR  
12 CONCERNS OR COMMENTS FROM THE PUBLIC? NOTHING,  
13 MARIA?

14 MS. BONNEVILLE: NO.

15 CHAIRMAN GOLDSTEIN: ENGAGED AS ALWAYS.  
16 LET'S SEE. I GUESS WE'RE UP TO CALLING THE ROLL.  
17 MARIA.

18 MS. BONNEVILLE: HAIFA ABDULHAQ.

19 DR. ABDULHAQ: YES.

20 MS. BONNEVILLE: ELENA FLOWERS.

21 DR. FLOWERS: YES.

22 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

23 DR. FISCHER-COLBRIE: AYE.

24 MS. BONNEVILLE: JUDY GASSON.

25 DR. GASSON: YES.

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1 MS. BONNEVILLE: LARRY GOLDSTEIN.  
2 CHAIRMAN GOLDSTEIN: YES.  
3 MS. BONNEVILLE: DAVID HIGGINS. PAT  
4 LEVITT.  
5 DR. LEVITT: YES.  
6 MS. BONNEVILLE: DAVID LO.  
7 DR. LO: YES.  
8 MS. BONNEVILLE: DAVID MARTIN.  
9 DR. MARTIN: YES.  
10 MS. BONNEVILLE: SHLOMO MELMED.  
11 DR. MELMED: YES.  
12 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
13 DR. MIASKOWSKI: YES.  
14 MS. BONNEVILLE: JONATHAN THOMAS.  
15 CHAIRMAN THOMAS: YES.  
16 MS. BONNEVILLE: ART TORRES.  
17 MR. TORRES: AYE.  
18 MS. BONNEVILLE: KRISTINA VUORI.  
19 DR. VUORI: YES.  
20 MS. BONNEVILLE: KAROL WATSON. KEITH  
21 YAMAMOTO.  
22 DR. YAMAMOTO: YES.  
23 MS. BONNEVILLE: THE MOTION CARRIES.  
24 CHAIRMAN GOLDSTEIN: GREAT. ANY FINAL  
25 QUESTIONS OR ISSUES FROM THE SUBCOMMITTEE BEFORE WE

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

1 MOVE TOWARDS ADJOURNMENT? HEARING NONE, MARIA, ANY  
2 FINAL PUBLIC COMMENT, QUESTIONS, WHAT HAVE YOU? NO.  
3 THAT'S GOOD. LET'S SEE. DO WE HAVE TO HAVE A  
4 MOTION TO ADJOURN A MEETING, OR CAN I JUST ADJOURN  
5 US?

6 MS. BONNEVILLE: YOU CAN JUST ADJOURN.

7 CHAIRMAN GOLDSTEIN: OKAY. NOBODY IS  
8 GOING TO COMPLAIN ABOUT A MEETING ENDING EARLY. SO  
9 LET'S DO IT.

10 MR. TORRES: GOOD JOB, MR. CHAIRMAN.

11 CHAIRMAN THOMAS: THANK YOU, LARRY.

12 MS. BONNEVILLE: THANK YOU, EVERYONE. SEE  
13 YOU AT THE BOARD MEETING.

14 (THE MEETING WAS THEN CONCLUDED AT 2:09 P.M.)

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**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 SCIENCE SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON NOVEMBER 29, 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.

BETH C. DRAIN, CSR 7152  
133 HENNA COURT  
SANDPOINT, IDAHO  
(208) 290-3543