California Precision Medicine Advisory Council
Meeting Part 1
May 12, 2020
Minutes

Members present
Nadine Burke Harris; Clara Lajonchere; Ysabel Duron; Kenneth Kim; Keith Yamamoto; Fatima Muñoz; Hakan Sakul; Oliver Keown; Bonnie Maldonado; Mary Anne Schultz

Members not present
Mark Ghaly

OPR Staff present
Kate Gordon; Shannon Muir; Julianne McCall; Megan Varvais; Ken McCullough; April Booth; Chris Wang

Guest speakers present
Robbin Gaines, California Healthcare Foundation; Richard Figueroa, Governor’s Office

2:00 pm Meeting called to order by Shannon Muir

Introductions
Dr. Shannon Muir invited the council members present and CIAPM staff to introduce themselves.

Overview of OPR; Priorities of the Newsom administration
Dr. Clara Lajonchere introduced Kate Gordon, Director of Governor’s Office of Planning and Research; and Richard Figueroa, Deputy Cabinet Secretary in the Office of Governor Gavin Newsom.

Ms. Gordon explained OPR’s role as long range planners for the state, the Governor, and the Cabinet. OPR’s portfolio includes land use, climate change, transportation, the Military Council, cyberterrorism, higher education innovation, and CIAPM.

Ms. Gordon provided some background about the 2020-21 California budget. COVID-19 has created a situation of both lowered revenue and increased spending. At the end of the week, the Governor will release his May revision of the budget, and it is expected to look dramatically different than the January proposal. Regarding CIAPM, this is an opportunity to think creatively about federal opportunities, public-private partnerships, and look beyond the traditional mission of the Initiative.
Mr. Figueroa also stressed California’s unprecedented budget challenges. The Governor’s January budget was working with figures from Fall 2019. The May revise is less certain because tax return deadlines were extended to July, but the best estimates include significant decreases in revenue. The Administration believes in multi-generational investments, such as the ACEs work with California Surgeon General Burke Harris. The Governor's office is pleased with CIAPM’s involvement with ACEs and the Surgeon General, and with its overall work.

Dr. Kim asked if CIAPM could be deployed for COVID-19 issues. Ms. Gordon said that has been considered but not determined. She hopes the Council can think about strategies as well. Mr. Figueroa said he hopes federal funds could be pursued for that, but state resources are limited to more immediate needs such as PPE.

Ms. Gordon said the value of this kind of Council is its ability to think creatively and strategically, especially when state policymakers are consumed with urgent budget matters.

Dr. Lajonchere said the Council should think about public-private or other outside partnerships for CIAPM.

**Discussion and Ratification of Council Guidelines**

Dr. Muir presented a draft version of the council guidelines.

The basic parameters for the council are the Council is not subjected to the Bagley-Keene (B-K) open meeting act but will still operate in the spirit of transparency; the Council is advisory in nature and only provides recommendations; it cannot compel OPR, the Governor, or the Legislature to take or not take any specific action; and the Council does not participate in the demonstration project review process except to recommend possible reviewers.

Articles 1 and 2 were presented.

Ms. Duron suggested adding the following language regarding leadership to Article 3: *The Council will elect a Chair and a Vice-Chair for one year term. The Vice-Chair will be responsible for fulfilling the Chair’s duties when the chair is unavailable.*

The suggested language for Article 2 was offered for consideration:

1. Quorum is achieved with six Council members.
2. A simple majority vote of attending Council members is needed for a vote to be affirmed.
3. Ex-officio members may vote and are counted toward a quorum.

It was MSC to ratify the guidelines as written, including suggested language, by Drs. Schultz/Lajonchere. Before a vote was taken, further discussion followed.

Dr. Yamamoto expressed concern with the suggested language for Article 2, specifically that a quorum of six means a voting majority could be reached with only four Council members.

Dr. Muir suggested that quorums are flexible and can be reconsidered more easily than adjusting the total number of members on the Council.
Dr. Lajonchere asked if the Council would like to consider keeping the membership at 11, and increasing the number to achieve a quorum? Dr. Yamamoto was still concerned that with a quorum of seven, decisions could be made with five affirmative votes, which is still less than half of the total membership; but increasing the quorum to eight may pose different logistical challenges.

Dr. Sakul asked if more than four meetings are anticipated annually. Dr. Muir said as long as travel is restricted, there could be more since it’s easier to meet. But during the planning for the Council, it was generally agreed that four in-person meetings was an acceptable commitment.

Dr. Lajonchere asked if decisions or other matters could be discussed outside of the quarterly meetings? Dr. Muir answered that under B-K, that wouldn’t be allowed but since the Council isn’t legally bound to B-K, it can do so.

Dr. Yamamoto commented achieving a larger quorum four times a year should be realistic, and that high expectations for participation are warranted. Ms. Duron agreed, and noted that making decisions on behalf of taxpayers is a serious undertaking, no matter the budget.

Dr. Kim asked if there was a mechanism for voting besides a roll call, such as voting by email. Dr. Muir said the guidelines don’t currently contain any language about voting procedures, but the Council could consider the options.

Dr. Keown supported increasing the quorum to eight.

Dr. Burke Harris said she and Dr. Ghaly are frequently called into urgent state matters during the pandemic. She is concerned that if neither ex-officio is available, achieving a quorum of eight is a challenge.

Dr. Muñoz agreed with increasing the quorum, and that any absentee voting process should include a recording of the meeting and minutes, so the full discussion may be heard by the absent voting member.

Dr. Kim proposed setting the quorum at seven, requiring six votes to pass any business before the Council, and allowing members who aren’t present an additional 48 hours after the meeting to cast their votes.

Dr. Maldonado said she liked Dr. Kim’s idea, because it creates a buffer against not achieving a quorum during these extenuating circumstances.

It was MSC to defer voting on the guidelines until Friday by Drs. Lajonchere/Schultz. No roll call vote was taken for this motion.

**CIAPM New Council Member Orientation**

A history of CIAPM and a summary of its current activities was given by Dr. McCall.
California’s Health Care Challenges and Disparities
Ms. Gaines, from the California Health Care Foundation (CHCF), gave a presentation adapted from the CHCF publication *Health Disparities by Race and Ethnicity, 2019: The California Landscape*.

Ms. Duron and Dr. Burke Harris pointed out that the COVID-19 pandemic has exacerbated existing disparities. Dr. Muñoz stressed that simply including Latino populations in research decisions was a crucial first step towards closing disparities.

Wrap up and Next Steps
Dr. Muir previewed the Agenda for Part 2 of the meeting.

Dr. Sakul wanted to clarify if allowances for voting before a meeting would be included in the guidelines. Dr. Lajonchere thought if sufficient information was available to the member ahead of time, it might be ok. Dr. Yamamoto disagreed with any procedure to allow voting before a meeting. Dr. Burke Harris interpreted Dr. Kim’s suggestion as solely applicable to post-meeting votes, so the decisions could be informed by the deliberations of the Council. Ms. Duron, before agreeing or not with any such provision, wanted to first understand if voting before a meeting is legal, sufficiently transparent, or publicly recorded.

It was MSC to adjourn the meeting by Drs. Lajonchere/Yamamoto.