## Finalize Recommendations



**R10:** Produce regular analyses with the data, which could include analysis statewide, by region, and by hospital type; distribution of spend with diverse businesses; and spending comparisons and benchmarks.

- 1. Need to specify what will become of this data. Who is the target audience is and what communication channels will be used?
- 2. Add in "HCAI will produce" at the front end to clarify



**R11:** Publish list of hospitals required to report based on thresholds outlined in the statute for each annual reporting period and are required to submit supplier diversity reports to HCAI.

#### Feedback/Suggested Amendments:

1. Need to define "publish". Who the target audience is and what communication channels will be used?



**R12:** Revise reporting regulations to require disaggregated reporting from hospitals, which could include categories of hospital spending, counts of diverse suppliers, supplier demographics by category, and allowing for reporting of intersectional identities for diverse supplier (e.g., suppliers that are both a minority and woman owned business).

- 1. Add that a report containing zeros should be considered a non-report/no show.
- 2. Need to clarify exact data sets; could have large financial implications to purchase third party applications to track/identify diverse category. Intersectional identities could result in inflated spend information.



**R13:** Collaborate with other public supplier diversity transparency programs, including California Public Utilities Commission, California Department of Insurance, and California Secretary of State on lessons learned and best practices to advance program goals.

- 1. The addition of "....on lessons learned, best practices, and challenges/obstacles to advance program goals".
- 2. Be more specific. What does this mean? Will the department have an En Banc style of annual meeting where CEO's must testify and report in public?



**R14: For Diverse Suppliers -** Participate in various engagement opportunities with hospitals and recognize it takes time to develop contracts and relationships.

#### Feedback/Suggested Amendments:

1. This wording is unclear. "For Diverse Suppliers". What we are trying to say is that Hospitals should track and report their outreach efforts to diverse suppliers, and report on how many are onboarded as suppliers or manufacturers with the GPO utilized by the hospital.



**R15:** For GPOs - Implement a rating system or scale to measure manufacturer's level of procurement with Tier II diverse suppliers.

- 1. Add a goal for the hospital industry GPOs to establish a process to give diverse suppliers an equitable footing for RFPs and competitive bid opportunities.
- 2. "Manufacturer" in incomplete. Need to measure the manufacturer and the GPO itself. For example, the GPO's indirect spending should be reported, and the GPO should also track and have a goal of the number of diverse manufacturers that are available through the GPO.



**R16: For Diverse Suppliers -** Leverage ethnic chambers of commerce to receive information related to procurement opportunities.

#### Feedback/Suggested Amendments:

1. This should include the diverse certification bodies that are specifically supply chain focused.



**R17:** For Associations and/or Chambers - Create a database of MBE, WBE, DVBE, LGBTQBE businesses to be used by hospitals to identify local and statewide diverse suppliers to meet their procurement needs.

#### Feedback/Suggested Amendments:

1. Request for further discussion or amendments.



**R18: For Associations and/or Chambers -** Create training materials and webinars that may increase awareness and knowledge on how to compete for hospital RFPs.

#### Feedback/Suggested Amendments:

1. Create training materials and webinars that **promote** awareness and knowledge on how to compete for hospital RFPs.

