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# Hospital Supplier Diversity Commission (HSDC)
# Draft Meeting Minutes
# August 5, 2026

**Members Attending:** Baljeet Sangha, Chief Executive Officer, Pain and Rehabilitative Consultants Medical Group, HSDC Chair; Chico Manning, System Vice President, Enterprise Supply Chain, PIH Health; Scott Wilkerson, Chief Procurement Officer, Office of the President, University of California (UC) Health; Cameron M. Stewart, Co-Founder, Alcam Medical; Tracy Stanhoff, President & Creative Director, AD PRO, President, American Indian Chamber of Commerce of CA; Erika Williams, Founder & CEO, Elevate Lyfe; Theresa A. Martinez, CEO & President, Community Connections, LLC; Jackson Dalton, President, Black Box Safety, Inc.; Lilly Rocha, Member, HONOR LGBT PAC, CEO & Executive Director, Latino Restaurant Association; Cecil Plummer, Principal, Cecil Plummer Consulting, Co-Founder, AI Ally Works; Tara Lynn Gray, representative expert in the field of supplier diversity; Sanford McColley, Sr. Manager of Strategic Alliance, Grainger; Marquita Thomas, CEO, California LGBTQ+ Chamber of Commerce.

**Presenters**: Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair; Scott Christman, Chief Deputy Director, Department of Health Care Access and Information (HCAI); Alma Lopez, Manager, Hospital Disclosures and Compliance Unit, HCAI; Tracy Stanhoff, President & Creative Director, AD PRO, President, American Indian Chamber of Commerce of CA; Lilly Rocha, Member, HONOR LGBT PAC, CEO & Director, Latino Restaurant Association; Jackson Dalton, President, Black Box Safety, Inc.; Demetrius Reed-Tellez, Stakeholder Engagement Analyst, HCAI; Carlie Elwell, Senior Regional Director of Healthcare, Servicon; Joseph Evanilla, Manager for Supply Chain Contracts and Analytics, AltaMed Health Services; Nav Grover, CEO & Founder, Safe Disinfecting Inc.; Alex Schwent, President, MoMed Supplies.

**Public Attendance:** 47

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**Agenda Item # 1: Welcome and Meeting Minutes**

*Baljeet Sangha, HSDC Chair*

Baljeet Sangha welcomed Commission members and members of the public to the HSDC meeting. He reviewed the meeting ground rules and agenda, acknowledged the Bagley-Keene Open Meeting Act requirements, and led a vote to approve the November 5, 2025, meeting minutes.

The Commission reviewed and approved the meeting minutes from the November 5, 2025, HSDC meeting. The motion to approve was made by Scott Wilkerson and seconded by Tracy Stanhoff. The motion to approve the minutes was carried with 10 votes in favor and two abstentions.

Lilly Rocha was not present during the vote.

New members taking their oath at this meeting abstained during the vote.

No Commission discussion.

No public comment.

**Agenda Item # 2: Oath of Office**

*Scott Christman, Chief Deputy Director, HCAI*

Scott Christman administered the oath of office to Sanford McColley, Sr. Manager of Strategic Alliance at Grainger Industrial Supply, who will serve as a representative of a vendor of goods and services, and to Marquita Thomas, Founding President & CEO of the California LGBTQ+ Chamber of Commerce, who will serve as the representative at the Director's discretion.

No Commission discussion.

No public comment.

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**Agenda Item # 3: Department Updates**

*Scott Christman, Chief Deputy Director, HCAI*

Scott Christman briefed the Commission on statewide hospital financial distress indicators and challenges specific to rural and safety net hospitals. He included updates on the AB 108 emergency grant fund for $25 million, upcoming Rural Health Transformation (RHT) grants, and the newly established tribal set-aside of at least five percent.

Questions/Comments from the Commission:

The Commission supported the tribal funding set-aside and requested additional context on the allocation amount. The Commission noted that the set-aside appeared modest relative to the need and asked what factors informed its development. The Commission also requested clarification on how HCAI implemented a tribal set-aside given historical limitations and concerns related to Proposition 209.

HCAI responded that the Centers for Medicare & Medicaid Services (CMS) was consulted during development of the RHT Program and supported the use of a tribal set-aside approach. HCAI explained that the five percent tribal allocation was intended as a minimum funding floor and would continue to be shaped through tribal consultation and stakeholder engagement. In addition, the RHT tribal set-aside is legally distinct from a set-aside on the basis of race, sex, ethnicity, or national origin prohibited by Proposition 209. The RHT tribal set-aside is for health facilities owned or operated by federally recognized Tribes, which are sovereign entities, and not awarded based on race or ethnicity. HCAI further stated that tribal health organizations would remain eligible for additional grant opportunities beyond the dedicated set-aside and that the department would continue conducting consultation, outreach, and site visits to strengthen tribal partnerships and refine the program in future funding rounds.

Public comment:

A member of the public asked that the “department update” details be included in the posted slides, noted that “small business” covers a wide range of businesses, encouraged requirements for subcontractor and small business participation in rural grant programs, and urged cultural competency across all care delivery. A second member of the public asked about the state of Assembly Bill 1392’s clearinghouse. HCAI stated it is in progress and will provide an update.

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**Agenda Item # 4 Hospital Supplier Diversity (HSD) Reporting Program Update**

*Alma Lopez, Manager, Hospital Disclosures and Compliance Unit, HCAI*

Alma Lopez reported 348 of 354 required hospital plans submitted, with four extensions and two delinquent. The presentation included an overview of the review approach, which includes completeness review, spend outlier checks (for example, decimal issues inflating totals), a multi-phase publication schedule (July 31 initial release, late August refresh, October final release), updates to the report dashboards and multi-year pivot table, and analysis showing an approximately 130 percent increase in reporting webpage traffic in March following the California Supplier Diversity Symposium. A summary of the 2025 supplier diversity plans will be presented at the December Commission meeting.

Questions/Comments from the Commission:

The Commission recommended attendance at targeted events (e.g., National LGBTQ+ & Allied Chamber of Commerce and National Minority Supplier Development Council (NMSDC) conferences) and pairing HCAI staff with hospital procurement officials to deepen impact. The Commission requested that dashboards display percentages of total spend, not only dollar values. The Commission emphasized the importance of tracking engagement beyond webpage visits and suggested tracking supplier follow-up activity and converting it into opportunities. The Commission also raised concerns about hospitals' difficulty obtaining Tier-2 supplier data because suppliers cited federal restrictions.

The Commission asked whether any hospitals had expressed reluctance to continue reporting given federal developments. HCAI noted that statute requires each hospital to submit a plan. The Commission raised whether submitting $0 in diverse spend constitutes as meaningful participation. The Commission cited best practices such as the California State University e-procurement system, which highlights diverse suppliers, and suggested exploring ways to subsidize supplier attendance at events. A Commissioner committed to engaging Vizient leadership on participation.

Public Comment:

A member of the public stated that reporting alone does not equal progress, emphasizing the need for enforcement, accountability, and conversion to tangible procurement opportunities for marginalized suppliers. The commenter also asked for

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more visibility of tools, clearer access pathways, and intentional outreach rather than passive posting of resources.

A second member of the public offered discount codes for California suppliers and public agencies to attend the NMSDC national conference.

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## Agenda Item # 5: Targeted Outreach Strategy Development

*Tracy Stanhoff, President & Creative Director, AD PRO, President, American Indian Chamber of Commerce of CA; Lilly Rocha, Member, HONOR LGBT PAC, CEO & Director, Latino Restaurant Association; Jackson Dalton, President, Black Box Safety, Inc.; Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair*

Tracy Stanhoff discussed barriers affecting Native American businesses' participation in hospital procurement, including access to opportunities, infrastructure limitations, and challenges navigating purchasing systems. Potential countermeasures included strengthening partnerships with tribal business organizations, expanding supplier-readiness support, increasing targeted outreach and matchmaking opportunities, and developing structured pathways to connect Native American businesses with hospital contracting opportunities.

Lilly Rocha shared supplier-readiness strategies for LGBTQ+ businesses, including assigning procurement navigators, starting with pilot categories, scaling successful pilots across departments, collaborating with LGBTQ+ chambers and networks, and developing mentorship cohorts pairing hospital leaders with LGBTQ+ entrepreneurs, pilot set-asides, and storytelling and recognition of supplier success stories.

Jackson Dalton detailed Disabled Veteran Business Enterprise (DVBE) challenges such as unclear pathways to procurement decision-makers and shared countermeasures such as partnering with existing supply chains, aligning commercial models with diversity goals, and adapting cooperative contract vehicles so diverse suppliers can serve hospitals at scale through prime vendors, and starting with a small pilot in one low-risk category or facility.

Questions/Comments from the Commission:

The Commission emphasized the need to support diverse suppliers within the constraints of Proposition 209, focusing on capacity-building. The Commission emphasized the importance of converting networking into contracts. The Commission reiterated that convenings must lead to real opportunities, urging the development of structured pathways such as pilots, mentorship models, navigation support, and repeatable best practices that hospitals can adopt. The Commission advised establishing a unified strategy before finalizing outreach calendars.

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The Commission discussed approaches including supplier navigation programs, mentorship opportunities, cooperative purchasing models, and supplier readiness support. The Commission also highlighted the importance of preserving and growing existing diverse businesses through succession planning and exploring opportunities to support business transitions within underserved communities. The Commission also discussed unique challenges affecting specific business groups, including infrastructure limitations impacting tribal communities and the need to remain mindful of Proposition 209 requirements when developing outreach strategies. The Commission noted that outreach success should be measured not only through reporting metrics but also through an understanding of the barriers affecting supplier participation and the effectiveness of countermeasures designed to address those barriers.

Public Comment:

Members of the public emphasized the value of in-person engagement with procurement officials and the significant cost barriers that prevent small businesses from attending large conferences.

**Agenda Item # 6: Events Outreach**

*Demetrius Reed-Tellez, Stakeholder Engagement Analyst, HCAI*
*Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair*

Demetrius Reed-Tellez presented a draft framework for prioritizing outreach events using reach, target group fit, engagement quality, and member recommendations as prioritization categories. The proposed approach included one event per quarter due to budget limitations. Members may attend additional events on their own. Commission input was requested as feedback, not a formal vote.

Questions/Comments from the Commission:

The Commission reviewed potential outreach events and discussed how conference participation could advance supplier diversity objectives. The Commission recommended prioritizing California-based events whenever possible to maximize impact and improve cost efficiency while maintaining flexibility to participate in national conferences when they align with Commission priorities or are hosted within California.

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The Commission identified opportunities to engage with organizations representing LGBTQ+, veteran, minority-owned, and women-owned businesses and discussed the value of events that provide direct access to suppliers, industry stakeholders, and procurement professionals.

The Commission emphasized that event selection should be guided by clearly defined strategies and desired outcomes, with conferences serving as tools to support broader supplier development efforts. The Commission discussed evaluating opportunities based on audience reach, alignment with target groups, engagement potential, and overall value to the Hospital Supplier Diversity Program. The Commission also considered different forms of participation, including exhibiting, hosting information booths, and serving as panelists, and noted the importance of tailoring event participation to specific outreach goals. The Commission encouraged HCAI staff to develop a framework connecting event participation, supplier engagement resources, and program objectives to support future outreach planning.

The Commission suggested forming a Speaker's Bureau of hospital procurement professionals to enhance the value of outreach events and help move interactions from initial contact toward contracting. The Commission recommended mechanisms that convert event participation into contracts, such as pairing HCAI staff with hospital procurement leaders at events to accelerate follow-up and supplier guidance. The Commission noted that some listed event dates had already passed. HCAI clarified that 2027 dates have not been published and the most recent dates were used as placeholders.

The Commission agreed that many supplier development challenges span diverse business communities, while recognizing that each group may need targeted solutions to address specific barriers.

Public Comment:

A member of the public asked about next steps for the supplier navigation concept presented under Item 5. The Chair responded that presenters identified root causes and potential solutions, and that HCAI will research available resources and return with options at a future meeting.

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**Agenda Item # 7: Ambulatory Care Contract Opportunities**

*Carlie Elwell, Senior Regional Director of Healthcare, Servicon*
*Joseph Evanilla, Manager for Supply Chain Contracts and Analytics, AltaMed Health Services*
Carlie Elwell shared how diverse suppliers can enter health systems through ambulatory clinics, leveraging consistent operational outcomes and innovative technologies. Joseph Evanilla shared procurement insights, encouraging suppliers to participate in Group Purchasing Organization (GPO) innovation expos and highlighted the value small suppliers provide through flexible, responsive service (e.g. weekend pickups and emergency logistics).

Questions/Comments from the Commission:

The Commission asked how suppliers can use ambulatory care as an entry point to hospital contracts and how Servicon competed for sites with existing vendors. Carlie Elwell responded that ambulatory sites can be an entry point for acute care contracts, and that suppliers can ask for one or two clinics to demonstrate performance and build relationships, which often follow procurement staff as they move between organizations. She advised suppliers to connect with local procurement and operations leaders, noted that many ambulatory organizations use multiple vendors side by side, and said Servicon differentiates itself through technology, regular business reviews, and responsive communication. The Commission discussed the usefulness of ambulatory contracts as stepping stones toward eligibility for larger acute-care opportunities. The Commission also encouraged hospitals to direct a portion of GPO spend to local small businesses to build generational wealth in underserved communities.

No public comment.

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**Agenda Item # 8: Diverse Business Panel**

*Nav Grover, CEO & Founder, Safe Disinfecting Inc.*
*Alex Schwent, President, MoMed Supplies*

Nav Grover shared lessons learned from hospital procurement engagement, including obtaining small business certifications, registering in hospital supplier portals, pursuing pilots, and planning for a contracting timeline of 12 to 18 months or more. She credited relationships formed at various events and mentorship from hospital executives, presented her hospital supply recovery (waste reduction) program and UV disinfection technology, and noted she continues to seek mentors and GPO access.

Alex Schwent detailed MoMed Supplies' domestic manufacturing strategy and social impact workforce model (including a developmental disability workforce and a blind workforce using AI inspection). He highlighted U.S. manufacturing facilities, redundancy strategies, lower carbon footprint, and major hospital partners. He advised diverse vendors to prioritize visibility, respectful persistence in relationship-building, and meaningful, connection-based sales strategies to secure hospital contracts.

Questions/Comments from the Commission:

The Commission described the hospital value analysis process, noting that infection prevention and regulatory review lengthen adoption, that hospitals are reluctant to be first adopters, and that references from peer health systems can shorten due diligence. The Commission also noted that diverse suppliers need a value proposition beyond diversity status. Panelists noted that early customers can open doors to other health systems, that hospital follow-up after events is inconsistent, and that patience is required.

The Commission discussed common challenges suppliers face when entering the healthcare market, including navigating procurement processes, building relationships with decision-makers, and demonstrating value within complex health systems. The Commission emphasized the importance of providing evidence of effectiveness, understanding organizational priorities, and developing long-term relationships that support trust and successful contracting opportunities.

Public Comment:

A member of the public described major barriers for small businesses, including difficulty accessing decision-makers, a need for pilot pathways to reduce risk aversion, and dependence on system administrators who are often overwhelmed by competing

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priorities. The commenter emphasized the importance of mentorship, sponsorship, and the difference between operational service procurement versus supplies/equipment procurement. The commenter also urged ensuring supplier diversity pathways for service-based vendors, such as staff augmentation and equitable care delivery consulting. Alex Schwent responded, recommending national supply chain conferences to reach decision-makers.

**Agenda Item # 9: Next Meeting Topics**

*Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair*

Baljeet Sangha, HSDC Chair, reviewed the running list of future meeting topics, which included ongoing tracker updates.

Questions/Comments from the Commission:

The Commission asked HCAI to include clearinghouse updates for the December HSDC meeting and requested an in-depth HSD Reporting Program update and a discussion of strategies, tools, and tactics.

No public comment.

**Agenda Item # 10 Public Comment**

*Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair*

Public comment:

A member of the public thanked the Commission and urged it to translate reporting data into action, noted that many small businesses are unaware of basic pathways such as GPOs, and encouraged creating subcontracting opportunities.

**Agenda Item # 11 Adjournment**

*Baljeet Sangha, Pain and Rehabilitative Consultants Medical Group, HSDC Chair*

The meeting was adjourned at 2:38 p.m.

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