



Contract Number
23-808 A1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	909-580-6150
Contractor	Loma Linda University Health Care
Contractor Representative	Don Clapp
Telephone Number	
Contract Term	August 5, 2023 – November 30, 2030
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	
Grant Number (if applicable)	

AMENDMENT NO. 1

WHEREAS, San Bernardino County ("County") and Loma Linda University Health Care ("LLUHC") entered into an Inpatient Transfer Agreement ("Agreement") with a term of August 5, 2023 through August 4, 2026; and

WHEREAS, the parties desire to amend the Agreement to extend the term of the Agreement and to extend coverage of professional medical services at Loma Linda University Children's Hospital; and

NOW, THEREFORE, effective as of the date this Amendment is fully executed, the Agreement is amended as follows:

1. Section A.2 of the Agreement is deleted in its entirety and replaced with the following:

A.2 Provision of Specialized Medical Services for Inpatients. LLUHC employs or contracts with, qualified physicians and advanced practice professionals licensed in the State of California to provide professional inpatient medical care. If an attending physician appropriately credentialed as a member of LLUHC's Medical Staff requests admission of a patient with an emergency medical condition from County, the patient shall be admitted to Loma Linda University Medical Center ("LLUMC") or Loma Linda University Children's Hospital ("LLUCH"), as applicable, consistent with the obligations under the Emergency Medical Treatment and Active Labor Act

("EMTALA"). For patients that have been admitted to a County facility, including, but not limited to ARMC, but are in need of specialized inpatient professional services provided by LLUHC physicians and available at LLUMC or LLUCH, LLUHC and/or LLUMC/LLUCH (as applicable) shall not unreasonably refuse to admit a patient from County, upon notification, provided that LLUHC and/or LLUMC/LLUCH (as applicable) has the appropriate facilities and personnel available to accommodate the patient.

In the event a patient is transferred from County to LLUHC for a specific test or procedure, LLUHC shall be responsible for assuring that the contemplated test or procedure is performed and that the patient is returned to County. LLUHC shall provide the patient or the patient's legally authorized representative a complete explanation of the need for the specific test or procedure and the alternatives to such test or procedure, and shall secure the written consent of the patient or the patient's legally authorized representative to the specific test or procedure.

2. Section K of the Agreement is deleted in its entirety and replaced with the following:

K. TERM OF CONTRACT

This Agreement is effective as of August 5, 2023 through November 30, 2030, but may be terminated earlier in accordance with the provision of this Agreement.

3. All other terms and conditions of the Agreement remain in full force and effect.
4. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, San Bernardino County and LLUHC have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

[SIGNATURE PAGE FOLLOWS]

SAN BERNARDINO COUNTY



Dawn Rowe, Chair, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
of the San Bernardino County

By _____
Deputy

LOMA LINDA UNIVERSITY HEALTH CARE

(Print or type name of corporation, company, contractor, etc.)

By  _____
(Authorized signature - sign in blue ink)

Name Ricardo Peverini, MD
(Print or type name of person signing contract)

Title CEO, LLU Health Care
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

 _____
Charles Phan, Supervising Deputy County
Counsel

Date _____

Reviewed for Contract Compliance

 _____

Date _____

Reviewed/Approved by Department

 _____
Andrew Goldfrach, ARMC Chief Executive
Officer

Date _____