

JOINT POWERS AGREEMENT  
BETWEEN  
THE COUNTIES OF SAN BERNARDINO  
AND RIVERSIDE  
CREATING A MEDI-CAL  
MANAGED CARE SYSTEM  
TO BE KNOWN AS  
THE INLAND EMPIRE HEALTH PLAN

EIGHTH AMENDMENT  
(Adopted \_\_\_\_\_, 2020)

**AMENDMENTS TO THE JOINT POWERS AGREEMENT BETWEEN THE  
COUNTIES OF SAN BERNARDINO AND RIVERSIDE CREATING A MEDI-  
CAL MANAGED CARE SYSTEM TO BE KNOWN AS  
THE INLAND EMPIRE HEALTH PLAN**

**RECITALS:**

WHEREAS, the COUNTY OF SAN BERNARDINO (hereinafter referred to as “SAN BERNARDINO”) and the COUNTY OF RIVERSIDE (hereinafter referred to as “RIVERSIDE”), are the parties to the Joint Powers Agreement, approved by both parties’ Boards of Supervisors on July 26, 1994, as amended, and now agree to further amend that Inland Empire Health Plan Joint Powers Agreement document between them:

NOW, THEREFORE, the following amendments are made to the Inland Empire Health Plan Joint Powers Agreement:

- A. Under SECTION 9. FISCAL YEAR, all references to July 1 shall be replaced with January 1, and all references to June 30 shall be replaced with December 31.

FURTHER, all other terms and conditions of the Inland Empire Health Plan Joint Powers Agreement, as amended shall be unchanged and shall remain in full force and effect.

This Amendment may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties’ faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind them to this Amendment.

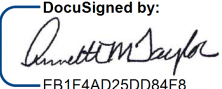
(SIGNATURE PAGE TO FOLLOW)

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed and attested to by their proper officers thereunto duly authorized.

**INLAND EMPIRE HEALTH PLAN**

By:  \_\_\_\_\_  
Chair, IEHP

Dated: 5/12/2020 \_\_\_\_\_

ATTEST:  \_\_\_\_\_  
Annette Taylor, Secretary

Dated: 5/12/2020 \_\_\_\_\_

**COUNTY OF SAN BERNARDINO**

By: \_\_\_\_\_  
Chair, Board of Supervisors

Dated: \_\_\_\_\_

ATTEST:  
Clerk of the Board

By: \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

**COUNTY OF RIVERSIDE**

By: \_\_\_\_\_  
Chair, Board of Supervisors

Dated: \_\_\_\_\_

ATTEST:  
Clerk of the Board

By: \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

**APPROVED AS TO LEGAL FORM:**

By: \_\_\_\_\_  
GREGORY P. PRIAMOS, County Counsel  
Raymond M. Mistica, Deputy County Counsel

Dated: \_\_\_\_\_