



Office of Governor Christopher T. Sununu
Press Conference
Thursday, August 6, 2020 at 3:00 p.m.

Governor Sununu:

Well, good afternoon. I just want to thank everyone this afternoon. So, quick item before I bring Commissioner Shibinette up for the Public Health update, first the presentations, some folks have been asking. My presentation, for those who want to follow along, can be found on our social media pages.

And also just want to make a brief announcement that the Nonprofit Relief Fund, we put \$60 million into the New Hampshire Charitable Foundation and the CDFR to help administer support, similar to the Main Street Relief Fund, but support into all the different nonprofits around the State. Those final awards will be announced next week. So the folks should get their notifications beginning on Monday and early next week, with checks following almost immediately thereafter.

So that's some great news that a lot of our nonprofits around the State will be getting a lot of the needed support that they need, given that their revenues have been down. And they're so critical to providing so many frontline services here in New Hampshire. With that, I'll ask Commissioner Shibinette to come up and give a Public Health update.

Commissioner Shibinette:

Thank you. Today, we are announcing 25 new positive cases of COVID-19 for a total of 6,742. One new hospitalization to report, for a total of 699; and one new death, for a total of 419. That death is not associated with a long-term care facility.

The other thing that I would like to talk about today is our community-based testing that we are moving over to the hospitals. The map that you see in front of you represent 19 community hospitals around the State that have taken on the task and the challenge, and really risen to the ask to provide community-based testing for both symptomatic and asymptomatic people across the State.

We have, like I said, 19 facilities that have decided to stand up a variety of different sites, everywhere from primary care offices to urgent care centers, to even their hospital parking lots. You can get info on how to get a test at any of these hospitals by going to nh.gov \COVID-19 and clicking the button on Get Tested.

In addition to those 19 hospitals, if we can go to the next slide, this map illustrates all of the places that you can get tested in New Hampshire at this point. This includes all of our urgent care centers, all of our pharmacies that are doing testing, and all of our hospitals. So there are dozens and dozens of places at this point. The access to testing should not be an issue for anybody at all.

So, as hospital testing starts to ramp up, we will start to ramp down our fixed-site testing as that happens. So we are not going to stand down our fixed sites until we know the hospitals are up and going, and have a great system in place.

And then, we're going to evaluate the State and say, is there any gaps in our State where maybe we don't have a Provider to provide those services? And when you look at the map, there's a couple of obvious places on the map right now where you could say we probably need a site or two sites there.

So, as we start to stand down some of our fixed sites, we will look at the geography spread of where the access is, and we will stand up new fixed sites if we need to stand up new fixed sites. It's really important that nobody needs to drive long distances to get a COVID test.

Additionally, Medicaid has a COVID-19 testing benefit that pays for the test for anybody without insurance. And really one of the great things about partnering with our hospitals is that they have that expertise. They have the expertise to bill insurances, to sign you up through NH EASY to get Medicaid to pay for your test if you don't have insurance. They have the support systems to do that, a system in place to do that. And they are dedicated and eager to get everybody in, and get them signed up for NH EASY if they don't have a Payer to get this test, so that everybody has access to a test. That's all I have for today. Thank you.

Governor Sununu:

Thank you very much, Commissioner. Oh, thanks. Thank you. And all that information, I know, obviously it can be a little hard to see. But I think the impact of these slides, to the Commissioner's point, there are opportunities all across the State for our citizens. And they can go to [nh.gov\COVID-19](http://nh.gov/COVID-19) for the additional details. And you can find all the towns and areas, all the locations in your area. And we, again, just want to encourage folks to take advantage and get a test while they can.

A few brief items and then we will just open it up for questions. As a result of this week's tropical storm, there were power outages. A lot of folks have lost connectivity. And we know some folks are still awaiting the power to be put back on. I think we have a few thousand left across the State.

So we did extend the deadline for our GAP Fund for for-profit businesses and certain nonprofits that have experienced financial loss due to COVID-19. This is kind of that backstop fund that we created. They can use a little more discretion. There's about \$30 million of opportunity in there. But we just want to let people know we extended the application until this Friday, August 7th. So there's still plenty of time to get those in.

Also, as a reminder, this coming Monday, August 10th, our Veteran's program application period will close. So this is another millions of dollars for our Veterans and a variety of different programs and services for them. All those organizations can apply into that fund up through this Monday, August 10th.

Service organizations like the VFW, or American Legions, they can apply, as well. Anyone that provides transitional service for Veterans can also apply, so a whole variety of opportunities for our Veterans there. I thought I saw a mouse. There's no mouse in here, sorry. I really did. I got a little nervous. Both those applications can be found at [goferr.nh.gov\apply](http://goferr.nh.gov/apply). That's where all of our funds are. It's a nice one-stop shop for citizens, nonprofits, individuals, Veterans, whatever it might be.

We want to talk about broadband today. So, back in June, we launched our, we'd call it, the Connecting New Hampshire Emergency Broadband Expansion Program to help ensure Granite Staters have equitable access to broadband services to meet the increased needs for access, such as remote learning or working from home, all these things that were really driven by the COVID-19 crisis.

The goal was to move quickly, because these are hard projects. To actually get the applications and the Contracts, put shovels in the ground, and complete them, we knew we had to move very, very

quickly. And we put an initial \$50 million into a fund, because it was completely unknown -- no one had ever tried this before -- what the application process would yield.

So, it's coming out in a couple different phases. In total, we know that at least \$6.5 million will be going out the door to a variety of Grantees which will deliver broadband to over 3100 individuals. So those are 3100 different properties served in all of these towns: Bristol, Danbury, Deering, Errol, Hillsborough, Mason, Springfield, Stoddard, Washington. A lot of these locations are in more rural areas of the State, areas that have some connectivity but not nearly the level or speed of connectivity that we expect and come to expect. So, the fact that with the first \$6.5 million, we know that thousands more people are now going to be hooked up with high-speed fiber. That's going to be great.

Also, the State is currently in the process of executing Grant Agreements with other selected Vendors. Now, we can't be too specific about those, because those final Contracts still have to be completed between the towns or the jurisdictions and the actual Vendors, themselves.

They've been working over the past couple of weeks. Once approved and negotiated, another \$9.6 million will go out the door, which will enable expansion to an additional 2400 properties. So it's really a matter of finalizing those Contracts hopefully within the next week-or-so, so we can put shovels in the ground and get them moving. The State really doesn't control that contracting process. It's between the Vendor and the localities. But we hear that they're pretty close. They're just finalizing those.

But, again, in total, we expect to expend a little over \$16 million of projects of CARES Act funds to over 5500 properties across the State. The important aspect of this one, first, to get the \$16 million and get these projects done in the next few months is just phenomenal. The fact that over 5,000, 5,500, in fact, properties are going to have access. I think that comes out to an average cost of just under \$3,000, if I'm doing the math correctly there. Less than \$3,000 per hookup, that's a great price.

So we're able to do it quickly. We're able to do it cost-effectively. And we're able to have a pretty high impact to folks across the area. And again, as those final Contracts get completed over the next few weeks, we will make sure that it's all publicly made available. But we do need them to be finalized before we're allowed to make the official announcements, as you can imagine.

Another brief item before we open it up to questions having to do with Laconia Motorcycle Week, this morning I formed a bit of a team to work directly with the City of Laconia, local Organizers and Leaders, Public Health Officials just to formalize the details around Bike Week. I know there's a lot of questions.

I think we've learned a lot, coming out of the NASCAR race, an event that took place and, I believe, did very, very well, in terms of having the right public health and safety measures in place, having the attendees kind of follow them. If you look at the models that we've created down in Hampton Beach and other parts of the State with large crowds being able to not just have guidelines but be able to implement them, as well.

I've talked to the Organizers up at Bike Week. I think we all feel very confident it can go off very successfully. And we're just going to put a team together just to make sure that everyone understands what different guidelines will be imposed, how different venues should follow those guidelines, and if they have any questions, where to go to make sure it all goes off without a hitch.

I think across the State we've all done very, very well taking our time, doing it right, preparing. That's really the key to a lot of this, just preparing with the knowledge of how to manage it. And again, 4 1/2, 5 months into this crisis -- I guess we're 5 months in now, if you can believe it or not -- New Hampshire continues to be a leader across the country.

We know our numbers might increase. We know that we could see surges, especially when schools come back or whatever it might be. But we do have the guidelines in place. We have the PPE. We have the cloth face coverings. We have the testing capability. We have the resources all out fingertips to make sure that whatever might come, we can manage all the way through to the end for the people and the citizens of New Hampshire. With that, we can open it up for questions.

Q&A Session

I have a question about rural broadband.

Governor Sununu:

Sure.

Is this kind of like rural electrification, where you're going after the last few miles? And once we've gotten this money in place, how many more homes need to be reached?

Governor Sununu:

Sure; so this really is -- I don't want to compare it to electrification, but yes, this is about the last mile. This is about the actual hookup to the property. About 10 years ago, maybe even more, the State undertook a big broadband effort. There were tens of millions of dollars invested. And it created a big loop around the State. But it really didn't address going after the last mile.

So there's a lot of folks that have high-speed broadband just a mile away from their home, but they never get it actually to their home, or to the public library, or to the school, right? They put a heart of a infrastructure in but never really did the hardest part, which is these final connections. That's exactly where we wanted this money to go: to people's homes; to schools; to libraries, whatever it might be. And that's why getting so many thousands of them hooked up is terrific.

I think we could do tens of thousands more. And there's access to virtually everybody in the State with some type of internet capability. It's just, is it fast enough? Is it easy enough? Is it reliable, right? Is it breaking all the time? Does the video transfer come in shaky?

I know those sound like minute details. But they're very important to have that continuity to be able to make sure that if you're doing a remote class, it's working smoothly. If you're doing remote work, it's working smoothly, as it should.

There's an expectation here of individuals both coming into the State and that are in the State that it's the 21st century. And connectivity is a huge part of our utility base now. And that has to be as reliable as turning that water faucet on. I believe that we have to get a point where broadband is just as reliable.

I think we could have done a lot more with this money, but that we just didn't have the time. That was one of the biggest drawbacks is that the time constraints the Federal Government put on these dollars, I think we're one of the few States doing it. I think everyone's trying. But just to be able to get the \$16 million out and over 5,000 people hooked up, that's a win. And we will keep pushing it.

The deadline's December?

Governor Sununu:

December; all the projects have to be completed by December 31st, according to the Federal guidelines. So that's why we put it for \$50 million. We didn't know if anybody would be able to apply. But the fact is we got quite a few. And we got the first dozen to announce today and maybe another dozen next week, hopefully, if these final Contracts can be completed.

What does this do to people's property values in this situation?

Governor Sununu:

Goes up, right? Or it doesn't go down, I'll tell you that, because if you're looking to buy a home or buy a piece of property that doesn't have good connectivity, that puts you behind the pack. But to actually have this connectivity is definitely a property value enhancer for all these individuals.

And I think it sets a marker and puts us a bit in the lead in the region to say, we're going to keep doing more. Hopefully, it doesn't end here. We can keep finding the dollars to invest, because I think it pays dividends down the road.

Governor, a question for Commissioner Shibinette on setting up a test under the new sort of regime. I know some weeks back we had talked about people sometimes feeling uncomfortable approaching a hospital versus going to the National Guard or a fixed location site. So, what is going to be the process for someone, particularly if they don't have a Primary Care Physician or access to healthcare normally, to set up a test? What can they do?

Commissioner Shibinette:

Sure, so if you go to the website that we talked about, the [nh.gov\COVID-19](https://www.nh.gov/COVID-19), you'll see an interactive map there. You can click on any of the test sites. You click on that and it takes the user to the website.

So, setting up a test is going to look a little different, depending on what community you're in. A couple of the things that we put in Scope of Service and the Contract requirements is that the hospital performing the test cannot require a visit, right? So that is one of the complaints that we heard in the last couple of months is that I just want a test. I don't need to go in for a full visit with a Doctor and pay a copay, and that type of thing.

So we set it up in the Contract that they can't require someone to go for a full Physician visit. So, in some hospitals, they've set up a tent in a parking lot. And it's going to look a lot like the National Guard testing sites, where they're going to say, yeah, come on in at 9:00. And you're going to drive your car up. And you're going to have testing right in your car.

In other areas, they've set aside a place in maybe a primary care practice, or an urgent care practice, where they're going to set you up for an appointment. And you're going to come in. And people are going to be in PPE. They're going to take your test sample, and they're going to take your information. And they're going to leave -- or you're going to leave.

So I think it's going to look a little bit different. But I think that there are multiple options. You do not need to be a patient of one of their Primary Care Physicians to get a test. This Contract was set up to take care of people whether they have Care Providers in that network or not.

So, if you're in Manchester and your Physician is in Massachusetts, you still have the option of going to SolutionHealth to get a test. You do not need to have a Primary Care Physician there to do it. You get onto their COVID hotline.

And all the hospitals are going to have marketing campaigns around this. And that was part of our communication with them that they're going to put it on their website, and if they have a Facebook page, and really put it out there for the public to know how to get in touch with them. A lot of them will have one number to call. And you'll be directed to your closest site. And hopefully it'll go pretty seamlessly, very similar to the way that the National Guard sites stood up.

Something that came up in the HHS call today, rapid testing for people with mild symptoms, particularly kids, to try and get them back into class, potentially, when school happens, if they're not obviously COVID-positive, how are you going to do that? Is the infrastructure there? Is that a possibility, I guess, within the beginning of the schoolyear?

Commissioner Shabinette:

So, rapid testing right now, we really reserve for symptomatic or critically ill people in the hospital, people in nursing homes, where we need to find out very quickly if that person is positive or not, because it makes a difference on whether we're testing that 1 person or testing 100 people. So, I think that it really is going to be around the availability of that testing equipment.

We've said this probably 100 times throughout COVID is things change by the day in COVID. And back in March, we didn't have any rapid testing. And then, we had rapid testing for a very small amount of the population. And now we're hearing that every nursing home in the nation in the next eight weeks is going to have a rapid test in their facility.

So, if, by September, that it changes and that we have access to rapid testing and all the supplies, and they're readily available, sure. We can use it. But right now usually rapid testing is for people that are ill or in long-term care facilities.

But we do have a two- to three-day turnaround right now. So, although it's not rapid, 15 minutes or an hour, hopefully with our turnaround times staying pretty low in New Hampshire, we will be able to get people back pretty quickly.

Governor Sununu:

Okay. Do we have some questions maybe on the phone? Hey, Kevin. How are you?

Good, and you?

Governor Sununu:

Good.

Holly Ramer with Associated Press:

Hi, for Commissioner Shibinette, so these 19 hospital sites, you expect the turnaround times to be two to three days. I just was clarifying that. And just looking quickly at the list, I don't see Concord Hospital or Dartmouth-Hitchcock. Is there a reason why those hospitals are not participating?

Commissioner Shibinette:

So our turnaround times at the hospital testing sites are going to vary. The hospitals are using a variety of labs, again, to our advantage, right? Right now, our nine fixed sites are all going to Quest. So if Quest has a hiccup, it delays the turnaround time of all of our tests.

With all of these 19 hospitals, they range from using internal testing to Quest, LabCorp, Mayo Clinic, Broad Institute. There's a variety of labs that they use. So, I think the turnaround times will vary. My understanding is that the average across the board is about three days for those labs. But we will watch. We're tracking that every week now to see where those turnaround times are.

And like I said, our overall goal is to average about three days. Every lab can get a backlog. New Hampshire Public Health Lab had a backlog for a period of time in April/May, where our turnaround times were five and six days. And we worked really hard to clear that. Those are outliers and not necessarily the average. So we're always looking to average about three days.

To your question about Concord and Dartmouth-Hitchcock, we offered standup funding for all hospitals in the State. Some of them were ready to stand up immediately, which are the 19 hospitals on the list. Some hospitals need a little more time to consider. And some hospitals feels that there are other avenues within their community to take care of community testing. So, it's not going to impact the community's access to testing, because if there is a geographic area that we feel like is not being served for COVID testing, we will stand up a fixed site to take care of that.

Governor Sununu:

Thank you. Hi, Terry? Is Terry muted?

Terry Leavitt with The Conway Daily Sun:

Can you hear me?

Governor Sununu:

Oh, hi.

Terry Leavitt with The Conway Daily Sun:

Hello?

Governor Sununu:

How are you? Yes.

Terry Leavitt with The Conway Daily Sun:

Oh, good, sorry about that. Thanks for taking my call. My question is: here in the Mt. Washington Valley, we have a lot of visitors, and we're seeing a spike, and we have a lot of businesses that work with visitors and the public. And the businesses are saying they really need more testing and faster turnarounds in order to stay open. And I'm wondering if you're hearing that from businesses from the Valley and from around the State? And what can the State do to increase that speed of turnaround, because they're seeing turnaround times of 14 days?

Governor Sununu:

Yeah, so a couple things. When you say, "seeing a spike", I'm doing this off the top of my head. I think Carroll County has about 20 to 16 cases in the entire county. So I don't know if we're seeing any spikes just yet in the area.

Obviously, the presentation today that Commissioner Shibinette -- and again, the Commissioner can probably answer this better than I can. But the whole point of today's presentation was to show the testing capabilities across the State, the various options that folk are going to have, how we're going to be transitioning into, I guess, you could, in a way, call it more community-based testing, with our hospitals taking a lot of the lead; transitioning, not just shutting down our fixed sites but really transitioning into hospitals and all the different centers: the Rite Aids and all these other ConvenientMDs that are still doing a lot of the testing for us out there. So there is a lot of opportunity. I don't know if the Commissioner wants to add anything to that.

Commissioner Shibinette:

Thank you. We haven't gotten any complaints from businesses saying that testing was an obstacle to them being fully operational or being able to conduct their business. We have, on occasion, gone out and have done testing for businesses when they've had a concern about an Employee exposure or something like that.

I am not routinely hearing about 13-day turnarounds at all. I'm not saying that there's not moments in the last several months where a lab hasn't had 13-day turnarounds, because they have. And we've certainly had citizens in the State that have been outliers and have had very long turnaround times for the tests. But I am not hearing anything consistently from that area or any other area of the State with either those turnaround times or businesses saying that testing was an obstacle to them conducting full business operations.

Governor Sununu:

I just want to add, just, again, I'm doing a lot of these numbers off the top of my head. But when you add Carroll County, Coos, Grafton, Sullivan, and Cheshire in our State -- that's 5 of our 10 counties -- they make up about 40 total cases right now. And I bring that up not to minimize the issue. Of course we know that those numbers can spike at any moment, but to show kind of the geographic disparity between where the few cases that we do have are primarily in the southeast part of the State.

But if you add all five of those counties together, it's about 40 total current cases. So there's quite a difference. And we want to stay on top of it. And we're not just focusing all the testing in that southeast area. We're really making sure that everyone everywhere has equal opportunity to that process.

Michael Graham with New Hampshire Journal:

Yes, I have a question for the Commissioner and a question for the Governor. Commissioner, the CDC reports that 4,000 of the Death Certificates that are in their COVID count also have other factors contributing to death, including injury, poisoning, adverse effects. You probably saw that a person who died in a motorcycle crash was listed as a COVID death, because they were COVID-positive. Can you let us know whether the deaths that you're reporting as COVID deaths are actually people who died because of COVID? Or they're people who died and COVID was one of the many factors, such as the fact that they were maybe over the age of 80, had other issues? And then, Governor, you announced that the Department of Justice is going to review how Massachusetts is taxing commuters. But that commuter tax has been imposed on New Hampshire in this new questionable way since March. Why hasn't your office taken any action before? And have you talked to Governor Baker, your fellow Republican, about his decision to do something that has not been done, which is to tax people for out-of-state behavior as though it was in-state via Fiat [ph]?

Governor Sununu:

Sure; via Fiat [ph]. So, you want to take the first one on the CDC?

Commissioner Shihinette:

Sure. So, the question about the Death Certificates, we count every death that has COVID listed as either their primary or a contributing cause of death in our death count. After working for almost 20 years in long-term care, I can say, without a doubt, that almost every Death Certificate has more than one cause of death listed on it, whether not even related to COVID.

I mean, it is not unusual on a Death Certificate to see two or three, or maybe even four causes of death, or contributing causes to death. And I think COVID is no different. So if COVID is listed either as primary or contributing cause of death, we count it in our COVID death count.

Governor Sununu:

And then, as for I guess what they're calling the commuter tax, to be honest the issue was really just brought to our office very, very recently. It looks like it wasn't done. From Massachusetts, it wasn't done by the Legislature but maybe by a special rule. It was fairly confusing, in terms of those that worked in Massachusetts but were temporarily working remotely in New Hampshire. I think the rule -- I'm paraphrasing here -- basically says they're going to get charged an income tax from Massachusetts as if they were working in Massachusetts.

So as soon as we really realized the crux of the issue, I called Charlie Baker, first and foremost. We talked about it briefly. I told him that our Attorney General was going to be looking into it. And that's exactly what we did. We responded as soon as the issue was really brought to bear.

I have to tell you. I don't spend all my time looking at the special rules of Massachusetts, especially during the COVID pandemic. But when people bring this stuff to our attention, we don't let it sit on a shelf. We act very quickly. Great, that's it. Yeah.

Governor, you worry at all about people becoming complacent? Just anecdotally, I've heard a few people referring to the pandemic in past test within the last few days. Just what is that danger?

Governor Sununu:

Yeah, the question really is around, are we concerned about people becoming complacent around the pandemic? Absolutely. It's tough to have this kind of discipline and change in your lifestyle for a long period of time. We asked a lot of changes very abruptly from folks, starting very early on, back in March. And we've always talked about having that discipline, that vigilance of staying on top of wearing your masks, social distancing, working within guidelines.

So, it's human nature. People are going to get tired of something when it's not in their comfort zone after a while. And that's why we come out here twice a week. That's why we keep the messaging so strong. We pay for social media campaigns and we fly banners on the back of airplanes over Hampton Beach, reminding people to wear your mask and do it right. And so, we're going to stay on that. We will keep investing the funds and try to push the effort. But I think it's a big concern.

Now, as we enter the school, it's interesting, because, especially over summer, right, if you're outside, one area where they clearly are becoming a little more lax is something like a barbecue. It's in your backyard. It's with friends and family. And a lot of people are hanging around. And maybe they're not wearing masks, or they're not socially distancing, because there's a familiarity there. That's a danger. And we've seen cases come out of backyard barbecues, not to any extreme level where it's making our overall numbers surge. But clearly you'll see four or five family members, or neighbors, or something might get COVID or something like that from one or two small events. So, it gives us a lot of concern.

But, as we enter the fall, I always see fall -- I think a lot of us in New England see fall as kind of our time to get back into our routines, right? Vacation's kind of done. Kids get back to school. Universities start up. We get back kind of into that commuter mode, that nonvacation mode.

My hope is that, if anything, our vigilance gets kicked up a little bit, because our kids are going to school. We're going to be watching the numbers. Whole new area of guidance and disciplines within the university system; a strong emphasis on young people.

Look, the fact of the matter is, God bless it, we've only had one unfortunate case of someone under 40 with a fatality in this State. And they had underlying health conditions. And that was terrible. But we don't want folks under 40 to think that they're somehow immune. They're still carriers. You might not have any symptoms. But you can carry it and spread it.

We've heard of people getting really arrogant and doing the COVID parties, where they all go and think, let's see if COVID gets us, and horrible results from that. And we're going to keep talking about it and hopefully learning from that, because we know it's hard. We know it's hard to stay this disciplined.

Now, the percentage of people wearing masks in this State has gone up exponentially. I think everyone can agree to that, right? There's so many more businesses that are requiring it. And I think that, alone, has allowed us to maintain some of that vigilance, learning, seeing what's happening to other parts of the country.

There's 45 other States out there where the spikes are still very real. They're still dealing with very serious issues. We've very fortunate and blessed to be here in New Hampshire. But let's not take that for granted. I think that's kind of the heart of the question and why we're five months in, but we got at least, I'm guessing, probably five months to go. Let's assume we do.

Maybe we get a vaccine this winter. That'd be wonderful. But until we do, until we're really out of the woods, we are not out of the woods. We are smack dab in the middle of it. And we got to stay strong on it.

Governor, as you know, this extension of \$600-a-week unemployment is a big sticking point in Congress. Do you have an opinion on whether it should be extended at \$600, for how long? And do you think it is, in any way, an incentive for people not to go back to work?

Governor Sununu:

I completely understand why the \$600 unemployment insurance stipend is a sticking point, because, as we're trying to get people back to work, you do have clear situations where people are making more money at home on unemployment than they would be back at their job. So there's clearly a disincentive for a lot of folks to go back to work. And that's why it's a sticking point. I think folks on both sides of the aisle can agree to that.

My hope is that they find some type of middle ground, understanding that you still have a lot of individuals that are out of work, not of their own doing, that might be out of work for a health reason or because of a family reason. They may be out of work because the school goes remote, or their child has some underlying health condition and they can't go to school, so they have to be at home.

So finding -- I'd call it -- a ramp down, right, a common ground, if you will, it's probably not \$600, because that's pretty aggressive, but something in the middle there that can, again, help those families. Understand that it's a short-term issue; help them pay some bills, utility bills, whatever it is, without putting their livelihood at severe risk and at stake. That common ground, I think, is what everyone in America wants to see.

I think you can take any issue out of Washington. And the first thing the American people are going to say, let's find some common ground. You can't get what you want and you can't get what you want. But let's meet in the middle and find something. And my hope that if this is truly a sticking point, that they can do that.

Governor, D.J. Bettencourt, your Chair of the Governor's Economic Opening Task Force, told the Committee today that you were going to release, or relax, table sizes in restaurants and also allow for figure skating and mobile massage. Nothing was said of this today. Is that being put off for a while, or is that happening?

Governor Sununu:

No, there's a couple areas where we're just taking the next phase. All those areas that you talked about, people can go to -- hockey practice can take place and things of that nature with the new guidelines.

I'll take each one individually, if you don't mind. So in restaurants, right now we limit the number of people at a table to six. And what we've found was you could have a large family. And mom is sitting

with four kids over there. And dad is sitting with a few kids over there. And so, what we're saying is, okay, let's limit it to six adults, but up to 10, and basically to allow them to count for kids, so we're not splitting families up. That's really the logic behind that. But obviously we're keeping the social distancing piece still in place, the mask wearing by the Employees still in place, things of that nature.

The public ice skating one, again, ice skating is an area. We didn't really look at it too deeply. But if people want to open their ice skating rinks for public use, again, you can stay socially distanced. So, we're still saying, you got to be socially distant. We're keeping them at the 50% capacity for indoor sports. But we're allowing it to continue, just making sure that there's social distancing there. They're big venues. They're not open-air venues. But they tend to be bigger venues with air flowing and whatnot. So we are going to allow that to go forward, as well.

And then, the mobile massage, which basically we're saying we have the data for Massage Therapists in their places of work. We don't have massive amounts of outbreak. They've been doing a great job adhering to the guidance.

So we're simply saying, okay, we see that it's a low-risk endeavor, when you follow the guidelines. As long as you're following those exact same guidelines, you can move that into, I guess they come to your house for folks that need their massage therapy for therapeutic reasons. Sometimes it's hard to get out of the house. There's a lot of folks we don't want to leave behind. But the guidelines are working in their place of business. There's no reason to think that they wouldn't work in a one-on-one basis, as well.

How is the new extension on the National Guard going to impact New Hampshire? I think the deal is now that States have to pick up 25% of the tab.

Governor Sununu:

It'll be minimal. So we've been kind of planning on kind of not -- I don't want to say ramping down our National Guard, but really being mission-focused in terms of the National Guard needs. As our testing sites start moving more into hospitals, the National Guard has done an incredible job standing a lot of those up, so that need will be diminished, as we get, again, the dollars that have gone out to the food pantries and to the food bank. That manpower need will be decreased a little bit.

And then really focusing kind of that perpetual mission, if you will, the mission that's probably going to be the longest standing, things like managing our PPE and our stockpiles, they do a great job managing that. So we've kind of focused on our missions.

We know that we're going to need less of those individuals over time. But where the need is, they're going to be there for us. And we will be able to fund it, whether it's through the old model, the new model, or whatever funding model they come up in the future. We will use our CARES Act funds or other means to make sure it gets done.

I think the Federal Government's still planning on picking up 75% of the cost. So it's not an unbearable cost. It costs money. It costs the State a few million dollars, to be sure. But the benefit you get and the productivity out of the men and women of our National Guard, it's awesome. It really is. So we will stand it up and make sure we're behind it all the way. Hi, how are you?

Good, how are you?

Governor Sununu:

Good.

Given that we have a stimulus package that may be agreed upon by the next time we meet here, do you have any priorities already for that next round of funding, any particular new programs or parts of the State that you think really need that extra money?

Governor Sununu:

Yeah, so do I have any priorities about how the next funding may come out of Washington, D.C. and how it will be spent? One thing I've learned as Governor is not to plan on anything coming out of Washington, D.C. When they finalize a package, when the deal is really struck, I think we have some ideas about obviously where -- we obviously have thought about it, but nothing I would pin anything to, because it's not just the dollars that come out. It's the guidelines, the stipulations, the timelines, all those strings that they like to attach to things.

It'd be great if they kind of block-granted to us, because, as we have said many times, the needs of New Hampshire are very different than the needs of New York or the needs of Arizona or Tennessee. Let the Governors and those that I think have done a very good job in terms of managing those dollars have that flexibility, in terms of how to spend it.

I mean, we will see really what comes out. I'm hopeful they get something done. But I don't get my hopes up too high that they're going to do what we think they should do. So, they tends to have minds of their own. Politics, unfortunately, comes to play in Washington all too often. But I think they'll get something done. I think they know how important this is.

And we treat every Bill, every Federal opportunity like it's our last, because it may be. We just don't know. So we try to be prudent with the dollars, with the exception of when the CARES Act came and they said, look, we're going to get you more money. We promise it'll be there and it'll have flexibility, dah-dah-dah-dah-dah. That was really the one area why I was so adamant that, whatever they do this time, they at least adhere to a lot of the commitments that they made to States prior.

We will see if they live up to their commitments or not. I'm not quite sure. But either way, we've put a great team together, both through GOFERR, through our Department of Safety, Department of Health and Human Services, great folks that really understand where the need is, how to manage those dollars best, how to prioritize. So whatever they throw at us, I feel very confident we will be able to spend the dollars and get them out quickly and exactly where they need to be.

Just a point of clarification for Commissioner Shibinette, if you can answer for us here? You announced 25 new cases. There were 6719 yesterday. And now you said 6742. Was there one of those contractions again? I guess there's a difference of two on the backend there. 6719 plus 25 is 44.

Commissioner Shibinette:

Right, we will clarify the data point with you after. We will have our PIO reach out to you. It could have been just a -- we had talked before about going through the -- yeah, sometimes they're off a day-or-two. And that does happen. But we will follow up with you and make sure you get the right number.

Okay. And one other question for you, Commissioner.

Commissioner Shibinette:

Sure.

Some discussion yesterday at Executive Council about the ER boarding crisis. Can you give us the latest number on how many people are in emergency rooms right now and take us through some of the process of how things are moving with the Philbrook building?

Commissioner Shibinette:

Sure, so I don't have the ER boarding number today. It has fluctuated somewhere between 30 and 45 for the last couple of weeks. So just to back up a little bit about the ER boarding crisis, right, the ER boarding crisis, I think we've been talking about and trying to manage since 2012. It's been a long time.

So, for the last couple of years, we have done a lion's share of that work to fix that crisis through the 10-Year Mental Health Plan and funding to do different things. One of the consistent things that came out of the 10-Year Mental Health Plan is the need for more community-based services.

Back two or three years ago, when I first went to New Hampshire Hospital, I talked a lot about the backdoor of the hospital. It's not a front-door issue. It's a backdoor issue. We can bring people in, because, at that point, people were talking about increasing the number of beds. And coincidentally, what happened during COVID illustrated very clearly what I had talked about a couple years ago. The backdoor issue is that we bring people in and we can't discharge them out.

So, in March, whatever we were preparing for a surge in our hospitals, we worked very quickly to get our Hampstead Contract executed so that we could move the kids to Hampstead Hospital. What that did is allowed us to open up 30 additional adult beds at New Hampshire Hospital. That's what we had the staffing for.

Very quickly, you saw our ER boarding list drop to zero on some days, and sat in the single digits for weeks and weeks, and weeks on end. But what happened over time is exactly what we had talked about two years ago is, because we didn't have a place to discharge them to, that number started to build again. So now, we're in a place. We're back to kind of the pre-COVID numbers, because those beds that we stood up were filled.

So, since February, we've executed the Hampstead Hospital Contract, stood up 30 new acute care beds. We put out an RFP and bidding for transitional housing for our current Providers. So we have current Providers in Concord and Bradford, and Nashua. We knew when we did that RFP that there was a likeliness that one of our Providers were not going to bid on their current programs. So we prepared to transition those beds to another Provider. We did that.

So, then, the last phase of that was we had \$5 million to do new transitional housing beds. Because of COVID, we know that a lot of our community Providers are not in a place where they can stand up new programs. I mean, our Providers are hurting right now. Even the lack of bidding on the current Contracts, we have good relationships with our Providers.

So, we looked at that \$5 million and said, what is the best way to use this \$5 million? And you can trace the ER boarding crisis back to when we closed Philbrook Building. When we closed Philbrook Building and moved the kids to New Hampshire Hospital, we lost 48 adult beds.

So, Philbrook Building was built as a hospital. It lends itself very, very well to any type of patient care. So, I worked with the Governor and with Commissioner Arlinghaus and said, this building would be ideal to stand up some community-based beds. They agreed. We need to move now. We've been talking about this.

Our Providers may not be in a place to stand up these new programs. So we need to pivot. We take our responsibility very seriously and take this crisis very seriously. So we said, let's stand up 16 beds. How quickly can we do this?

And I tasked DHHS to say, give me occupancy by September. So, by September, we should have 16 beds of transitional housing stood up at Philbrook Building. That will directly take 16 people out of New Hampshire Hospital and put them in that building to get them ready to transition back to the community. That will take 16 people out of the emergency room and put them in New Hampshire Hospital, where they belong.

I mean, I can't say enough about the fact that DHHS responded so quickly during the middle of a global pandemic to pivot and say, if our Providers cannot stand up these new programs in the timeframe that absolutely is necessary, how can we help? And this is how we can help.

Now, we didn't use all \$5 million. We're going to use probably half, 60%. And we're releasing an RFP next week -- or in the next couple of weeks to RFP the rest of that money to do more community-based beds.

Philbrook Building is going to end up being a pivot space. And that's what we need, which means right now the need in our community is transitional housing. Five years from now, it might not be transitional housing. After we execute the 10-Year Mental Health Plan, it might be something else. But we know those beds belong in the mental-health system. And that was the goal is to get those beds back in the mental-health system so we can use them to make sure we don't have another crisis, after we fix the one we're currently working on.

But the Attorney General said yesterday that the State was acting under duress and that this was directly related to an adverse Ruling. Can you tell me how much about what is happening in Philbrook is due not because of COVID-19 or anything else, but because you have a Court Order?

Commissioner Shibinette:

So we don't have a Court Order.

Oh, you don't?

Commissioner Shibinette:

No, we don't have a Court Order. So we've been working. And the Attorney General's Office has been working on a suit for a period of time now around the ER boarding crisis. And what we got was, when we put in our Motion to Dismiss, we got denied our Motion to Dismiss. But in that Motion, the Judicial System made it very clear on what their thoughts were about our responsibility for ER boarding.

So we were being proactive. There is no Order right now. There is no Decision. But the Decision in the Motion to Dismiss made it very clear on where we thought that lawsuit would go. So, rather than go through that entire lawsuit and the end result being the same, we thought, let's be proactive. Let's stand these beds up so that we don't have to go through this lawsuit, and so that the people can get the level of service they need in our hospitals.

So, yes, there is a level of urgency to stand these beds up, without a doubt. But there's been a level of urgency for almost 10 years, right? So, we've been planning for the last two years, through our 10-Year Mental Health Plan on how to fix this.

What I am doing is pulling the lever to say, it is time to act. We've talked and we've talked. And we planned and we planned. And COVID is absolutely distracting and it is absolutely derailing some of the plans that we had. But we still need to be able to act and we still need to be able to take care of the people that need mental-health services in our State.

Governor Sununu:

I'm going to add my two cents there, as well. I mean it. The people in this State should know that, through all this pandemic -- I just can't emphasize this enough -- we don't take our eye off the ball of the other needs of this State, whether it's mental health, whether it's SUD, whether it's Child Protection Services. All of these things really get heightened at times of severe duress throughout our communities. And the individuals of the Department of Public Health did an exceptional job.

And I mean, at one time, when my Administration came in, we clearly inherited the worst mental-health crisis the State had ever seen. We rebuilt the 10-Year Mental Health Plan. And we took all of these steps, Emergency Act Teams and all of these steps. And I believe at one time the emergency boarding crisis was up over 70. And it was Lori Shibinette that got it down to zero. It was unbelievable.

And pre-COVID, we were making such huge strides. And when the crisis started to hit, again, it was the Department and Lori, and her Team that knew that this was going to surge again. And let's be prepared. And again, being proactive, investing those dollars, they're not waiting around, not meandering through bureaucracy, getting it done, and getting these new beds online, moving quickly, and just doing the right thing.

And I think the people of this State should be incredibly proud that through all of our crises, through all our ups-and-downs in COVID and the potential of riots and all of this kind of stuff that has hit this country, our Departments never take our eyes off the ball. And they did just an exceptional job. And I just can't thank them enough. It's great.

We hear a lot about, with respect to COVID, an increase in anxiety and depression.

Governor Sununu:

Absolutely, yeah.

Is there any evidence that that's leading to any more potential admissions to New Hampshire Hospital now or in the future?

Governor Sununu:

I have no doubt. I can tell you I have no doubt. I mean, you can't have this level of anxiety and worry, and stress, what's going on with schools, isolation with kids, isolation with individuals, the healthcare issues that surround individuals, the insecurity around jobs and joblessness. It would be naïve to think that obviously that wasn't contributing in some factor.

You have seasonality you can see in the numbers sometimes, which is always very interesting, between adults and between kids. The numbers you might see come in October, early in the school year, can often contribute to higher numbers in children. And so, again, we're not there yet. But we're being prepared for it.

We don't know what remote learning will do. We know that there's an adverse effect with remote learning, as it pertains to, again, those issues of isolation and overall health of the child. It may have to happen in certain communities, given COVID and some other issues that might happen. But we need to be prepared for it. And again, that's exactly what I think the Department's been doing.

So there's no doubt that I think the very difficult situation that COVID places on every family and every individual in this State has contributed to some level of the increase. And that's what we were expecting, when we knew how serious this was going to be early on. I think we knew that it was great that we're at zero or one, or single digits for a few days, and maybe even a few weeks there. But we knew it wasn't necessarily going to last, given the strain that all of our communities were going to face.

Okay. Well, thank you. It's a beautiful day out there. We want everyone to have a safe and healthy, happy weekend. We will be back again next week. We're in good position. But as was mentioned earlier, let's not become complacent. Let's not think that just all is well. We are far from winning this one.

Wear your masks. The social distancing; wash your hands. I made a big push on washing hands last week. Let's make sure we're doing those things that we need to, whether it's in our own homes, in our backyards, in our businesses, communities, schools, whatever it might be. We have to stay with it all the way to the end. But we will get through this. And we will get through it together. Thank you, guys.