



Office of Governor Christopher T. Sununu
Press Conference
Wednesday, February 23, 2022, at 3:00 p.m.

Governor Sununu:

Afternoon. Apparently, I wore the right tie. Well, I just want to begin just by thanking everyone for joining us today. We will begin with a Public Health update highlighting some of the recommendations, specifically regarding masks and COVID data trends that we're seeing across the State.

Do we have some data? Were we going to put a data chart up? We can throw one up real quick before Dr. Chan comes up. This is the hospitalization data that we've been looking at for quite some time. It's really the number 1 metric that we have been managing, in terms of the stress into the healthcare system. And obviously, this is all good news, as these hospitalization numbers come down.

We are now below 100 hospitalizations today for the first time in quite a long time, boy, going way back there to August or September, which is really, really great. It's like a ski slope coming down, all good news. It's all downhill from here.

We don't take our eye off the ball, of course. We are going to continue to manage COVID and look at the trends, and look at the data. But there's, without a doubt, I think, some of the hopeful signs that we were predicting just about a month, month and a half ago are really coming to fruition. And that's good news for everybody. So with that, I think I'll kick it over to Dr. Chan for a Public Health update, and also a reminder Dr. Chan does have to leave for a schools call in about a half-hour. So we will try to be as quick as we can.

Dr. Chan:

Good afternoon, thank you. So, two updates for today. The first is a brief numbers update. And then, I want to update all of you on some of our new mask guidance. So, the numbers first, we're reporting 282 new people diagnosed with COVID-19 today. There are currently 1,598 people with active infection. And then, currently 93 people hospitalized with COVID-19 statewide. And as the Governor just showed on the graph, that continues to show a decreasing trend.

14 new deaths to report today from COVID-19. This includes deaths that were identified from the last several days, including the long holiday weekend, bringing the total number of deaths during this pandemic to 2,368 people that have died from COVID-19. Out of these 14 new deaths that we're announcing today, five are associated with a long-term care facility. And in the last week, we have reported 28 total new COVID-19 deaths, bringing the average to about 4 new deaths identified per day.

So, overall, where are we in this pandemic? The Omicron surge is decreasing, both in New Hampshire and nationally. As population immunity has increased, there's also been a notable decline or decrease in the severity of disease from COVID-19, and largely due to the availability of vaccines.

COVID-19 vaccines have now been available for all persons 5 years of age-or-older since at least the beginning of November. And while COVID-19 continues to circulate and we expect COVID-19 to continue to circulate, the risk from COVID-19 is decreasing. And as we said all along throughout this

pandemic, as the risk decreases, we can pull back on some of the recommended mitigation measures or prevention strategies. And so, we are updating our facemask recommendations today. And at this point in the pandemic, we are no longer recommending universal facemasks for people in indoor, public locations, unless a person's required to wear a facemask for their specific situation.

So there are some situations where, under Federal Guidance or Federal Regulations, facemasks are still required, such as on public transportation. When people enter a healthcare facility, it's still a requirement under CMS Regulations that a person wears a facemask in a healthcare facility. And facemasks are still part of the updated isolation and quarantine guidance for shortening isolation and quarantine to five days.

But otherwise, we are recommending that facemasks be worn based on individual preference and individual choice. We want people -- and so that people who want additional protection for themselves or potentially a family member in their home, they can continue to choose to wear a facemask when in indoor public locations. But risk has decreased over the last weeks during this pandemic. Public Health is no longer, at this point, recommending universal facemask use. So I will end with that and hand it back over to the Governor, thanks.

Governor Sununu:

Thank you, Dr. Chan. So, as mentioned, Dr. Chan does have his biweekly call with the School Administrators. So just to kind of reiterate his statement and the statements coming out of Public Health, and maybe just offer a little more background on the decision and how that consensus came. So, again, moving forward, Public Health will no longer be recommending mask wearing indoors or in schools, based on where we are currently within the pandemic. And as Dr. Chan said, of course, individuals always maintain that right. And whatever they would like to do on an individual basis, as a family member, or as a student, everyone always retains that preference for themselves.

But there are a number of reasons, not just a single graph that we're looking at. We know that the vaccine and boosters have never been more readily available. So that continues to be the case. You can get your vaccine, your booster easily, free. That's been the case for months and months across the State.

Cases and hospitalizations have plummeted here in New Hampshire and across the country and the world, frankly, but specifically here in New Hampshire, in terms of the Policies and Guidance that are being put out. Omicron has likely infected far more people than officially recorded. And given the mild symptoms that we have seen, the ease and accessibility of at-home testing [ph], and just the natural bolstering of the State's population of those naturally immune, and we know that masking can be a very powerful tool in times of surging transmissivity.

But it obviously has its drawbacks, especially for kids in schools and those with disabilities. And you have to weigh the pros and the cons of any Policy or decision that the State is making. So we are moving forward with the understanding that COVID, it might be here forever. We're not 100% sure. That really remains to be seen.

But we do have the tools to adequately manage moving forward, recognizing that mandates and restrictions can often sometimes have significant drawbacks. And so, again, you just have to weigh the pros against the cons in terms of determining where Policy and recommendations need to go.

Many schools across the State, I think, as we've seen in the past couple weeks, have already begun to rescind their locally-driven mask mandates, or they are planning to do so in the near future. So obviously this is a trend that we're seeing across the State and frankly across the country, as a whole.

And while we encourage schools that have not already done so to remove those mask mandates as quickly as possible, we do recognize that we have vacation week next week and it may take a few days to plan. So we will be kind of leaning on the Department of Education to work with those schools to make sure that all of these transitions as we enter the new Public Health recommendations. And it has been true throughout the pandemic.

The Federal Government, as Dr. Chan mentioned, there are still mandates in certain areas where the Federal Government still requires them. And those do have to be adhered to per the Federal Government, specifically public transportation on school buses. It's unfortunately not -- it's not in the State's power to change those. So those do have to be adhered to, as long as they are in place from the Feds.

I understand that many people and students will still choose to wear masks and others will not. And what's important moving forward is I think that we look at all this from a position of understanding. It's not about mask shaming or anything like that.

Private businesses, as always, can still choose to mandate masks or have other protections of their own in place. That is their business. Or private childcare, that is their choice, as well, because they are private entities, private businesses, and that is and always has been their right to have such stipulations in place. And obviously, the expectation is that those folks working with those private businesses adhere to those rules, of course. And again, I don't think this should be viewed as some drastic change or measure.

It's just kind of another step forward, as we continue to return to the old normal, right? We've been in new normal and we're really getting back to old normal. Knowing that COVID may be with us, we just have all these very manageable tools that we can put to bear in terms of getting back to where we want to be, which is truly out of COVID. And hopefully we get completely out of COVID at some point, so it's not the word of the day. But it's clear that, by the data that we're seeing, the trends that we're seeing, that we are definitely on the right path. With that, we can quickly open up for questions and for anyone who wants to jump in.

Q&A Session

Can we hear from Dr. Chan on this new variant? I don't know how it's -- BA.2, I'm not sure how to pronounce it.

Governor Sununu:

Sure.

Just some outlook on that, Dr. Chan, and what we might expect.

Dr. Chan:

Yeah, so BA.2 is a subvariant of the Omicron variant, right? When Omicron first emerged, we were calling multiple different viruses the Omicron variant. And they since have -- have divided them out into BA.1, BA.2.

The BA.2 variant is a newish variant that's still being studied. I think the CDC estimates that it only represents about 3% of all infections across the U.S. And when you look at New Hampshire data, it's less than 1%. I think it's about 0.5% of infections in New Hampshire have been identified due to the BA.2 variant.

There's some very limited early evidence that maybe the BA.2 subvariant of Omicron is -- could be more infectious or transmissible than the parent strain of the Omicron variant. But that's obviously still being studied. And there's no evidence that it causes more severe disease in humans.

So, again, we will continue to see mutations in this virus. We will continue to see new variants emerge. There is a national and local system set up to identify new variants. And we will continue to monitor the transmission and risks from some of these new variants. But it does not appear the new variant, the BA.2 variant, does not appear to be causing more severe disease or a spike in disease severity.

And Dr. Chan, can you explain why risk is lower now than it was just, say, a month and a half ago?

Dr. Chan:

Yeah, so I think there's multiple reasons why risk is lower. I think primarily among those reasons is the fact that population level immunity protection has increased substantially from even a year ago, right, even the winter surge last year.

In New Hampshire, we have probably close to 70%, 80% of our population that has gotten their primary series of a vaccine. And so, vaccines have been affected and vaccine immunity is protective. And we encourage people who haven't yet taken the step to get vaccinated and get boosted.

On top of that, infection will provide people with some immunity or protection. And the Omicron surge has been an immunizing event. It's led to people who have been infected having some additional protection.

Now, we believe that people who -- even people who are infected, they should be vaccinated, because that vaccine provides additional and higher levels of protection over infection-induced immunity alone. And then, there is the differences potentially based on the inherent properties of the virus. There is some evidence that the Omicron variant is less -- causes less severe disease than some of the earlier strains.

And just to follow up, this recommendation is for all risk groups, because I know you're saying this is an individual decision now to wear a mask. Are you recommending that any age group, or risk group, doesn't need a mask at this point, given where the virus is?

Dr. Chan:

Yeah, and thank you for asking that question about are there certain populations who might be at higher risk that we might still recommend wear a facemask? And I think the answer to that is yes. People that, for example, are severely immunocompromised do have higher risk still from infection from having severe consequences from Omicron -- from COVID infection. And so, I think we would suggest -- recommend that they consider wearing a mask.

But ultimately it's up to their own individual preference, choice, their own assessment of their individual risk from Omicron, what medical condition they might have that might put them at higher risk. And if people have questions about whether they might be at higher risk, we always encourage people to talk to their Healthcare Providers.

And is there an age bracket? You mentioned people who are immunocompromised. Is there an age level where people might consider doing it, or continue to do it?

Dr. Chan:

No, there isn't like an age cutoff where we would recommend above a certain age somebody should wear a mask. Again, I think it comes down to an individual's own circumstances, if they have other chronic medical conditions. Are they vaccinated, for example?

So, I think we're getting to the stage in the pandemic where it's been two years now. People are better able to assess their own individual circumstances and risks from Omicron, and make decisions about whether they should take additional steps to protect themselves.

One more way to phrase this, if somebody were over, let's say, 80 years old, and had received three vaccines, or two vaccines and a booster, would you say at this point that it would be safe for them to enter into a restaurant or a store without a mask?

Dr. Chan:

Yeah, so, again, the whole purpose of vaccination is to allow people the freedom to be able to interact with other people, be back out in society. So, I think that, in the situation you described, somebody could look at their own situation and decide how they can safely engage in social interactions in public. And again, if people are concerned about their own risks and their own health, then there are additional steps that they could take to protect themselves before they walk into a public location. And that can include somebody deciding to continue to wear a mask in public. Thanks.

I think Florida was the first State, Dr. Chan, to talk about suspending daily reporting of virus case data. I know we've changed somewhat our school reporting now. But are we near that point? Or is that even thinkable right now, despite the fact that we're in a good trend?

Dr. Chan:

Yeah, so I think your question is about: are there further changes potentially coming around how we report numbers? We've made some changes already in terms of how we are starting to track COVID-19. And there are ongoing discussions nationally about redefining some of the metrics for tracking COVID-19 and how we assess risk.

How we report numbers out, at a State, I think we're continuing some of those discussions internally. But certainly I think the goal continues to be to strive to come to -- make information and data available, but make it available in a sustainable way for our communities to absorb and digest, and use, and also for our Team to be able to process the numbers and the reports coming in.

So, Doctor, something like the State House of Representatives meeting in Reps Hall again, safe?

Dr. Chan:

Again, there have been other Members of our Team that have been involved with working with the Legislature. So, again, we look at this as a package of interventions, layered prevention strategies. And so, it depends entirely on what other measures they have in place. But, again, the whole purpose of vaccination is to be able to get people back to normal life functions, including the Legislature.

In terms of circumstances, does -- so to build off Adam's question about the Legislature -- does proximity matter, because we're hearing that there are plans to consider meeting in Representatives Hall again for the New Hampshire House? And that's obviously a case where you have people very close to each other, versus a department store, where people aren't so close to each other. Does that still affect your recommendations, in terms of masking?

Dr. Chan:

Yeah, so our recommendations have always been to look at -- right, there's no one preventative strategy that's going to stop the spread of COVID. And so, continue to promote use of layered prevention strategies to minimize the risk, but ultimately there's always going to be some risk from COVID-19 out there. And the goal continues to be to implement as many strategies as possible to reduce the risk. But it entirely depends on what other measures they have in place.

Okay. And then, another way to ask that, for prolonged exposure potential, or prolonged -- I'm thinking of retail workers who are working in a busy environment for long periods of time. Do they have any higher risk profile? Or are they on the same level as, I mean, everyone with this recommendation?

Dr. Chan:

So, it's hard to compare risk profiles by occupational groups, because it entirely depends on what somebody does and what their own health conditions are. And so, as we've said for a while now, I think, different businesses, different organizations have the freedom and the ability to look at their situations and their Employees, make informed decisions in the interests of their customers and their Employees for how to go about implementing some of the prevention strategies. Thanks.

Governor Sununu:

Okay. Anything else? Okay, covered it all?

What's the outlook right now with hospitals? I mean, I know that you're under 100. But you don't want that to be -- you said before you'd like to see it lower. I mean...

Governor Sununu:

Look, we want to get to zero. But some of the questions that I'm hearing here, the risk profile will never be zero. All right. We have to assume that that's not -- would be great if that were the case. But that's likely never going to be the case, unfortunately. We could be -- this could be with us for years.

So everyone has to look at their own situation individually, whether it's a retail worker, whether it's a business, whether it's a hospital. And again, everybody knows the risk factors haven't changed. I mean, none of that. It's just the level of risk that we're looking at, based on all these other tools that we have in the toolbox.

So, getting back to the idea of hospitals and the outlook of hospitals, I think hospitals and healthcare system as a whole have done tremendous job here in New Hampshire. The fact that a couple weeks ago we had gotten to the lowest hospitalization rate in the country, I think, really speaks to their ability to move folks into long-term care, to actually provide the resources they need to take care of individuals, get them back home into more community-based settings. And all those tools and resources, and knowledge base of flexibility is still there.

So, if we were to see numbers go up again or something like that, they know how to manage. And they have those tools and resources there. But the outlook right now, I mean, that line just keeps going down. And that's a good thing. We want to keep seeing that.

But we monitor it on a daily basis, sometimes hourly, frankly. But even on a daily basis, we monitor the healthcare system, the hospitalization rate. The cases, obviously, those numbers, so many folks are using their home tests. Anecdotally that is really clear now.

I personally believe the vast majority of tests being done are home tests, because they're just so easy to get here in New Hampshire. And that's a very good thing. And I believe that that's a big reason why our numbers dropped so fast from one of the highest hospitalization rates to one of the lowest, because individuals could identify to themselves if they had COVID and take the right precautions and measures quicker than most anywhere else in the country. And that helped reduce that community spread, especially amongst the most vulnerable population, whether it's your grandparents or other folks that you may come in contact with. If you know you have COVID, people were really adhering to those protocols that were in place. And hat's off to the people in New Hampshire for getting us to where we are.

Can I -- oh, go ahead.

Governor Sununu:

Oh, yeah, one more. And then, we will go on the phones. Go ahead.

Oh, I was just going to put Adam's question to you that he asked Dr. Chan about the House.

Governor Sununu:

Oh, sure.

Given that there have been talks about next month being the month to reconvene in Representative Hall, there's going to be a debate about this. Where do you come down on it?

Governor Sununu:

Oh, just what's the question?

I guess the question is: where is your position on whether the House Representatives should meet in Representatives Hall and...

Governor Sununu:

Yeah, I suspect they'll be meeting in Representatives Hall very shortly.

Okay.

Governor Sununu:

Yeah.

And so you...

Governor Sununu:

I mean, look at the numbers. Look at the data. Look at the trends. Look at the fact that so many folks in the House of Representatives are vaccinated. A lot of other people have natural immunity. The ability of Omicron to impact severe illness is minimal frankly right now, which is great.

All those line up to say that whether it's the House of Representatives, or Bob's Barber Shop, or whatever it might be, folks can really get back. Private institutions, again, always have that ability to take other precautions. Individuals always have that ability to come into Reps Hall and wear a mask. That's great. That's fine. That's your individual choice and preference. And everybody knows the tools and resources available to them to keep themselves safe.

Okay.

Holly Ramer with The Associated Press:

Hi, I just wanted to clarify. So could an individual school district maintain its mask mandate going forward? Or would that not be allowed?

Governor Sununu:

So, school districts to now have always, I believe, looked at the guidance and recommendations out of Public Health. And that has allowed them the ability to determine whether they wanted to implement mask mandates.

Given that we want to make sure we're not in a position where we're discriminating against students or the rules and laws, frankly, that protect students, no. I mean, ultimately those Policies really have to move. And I know the Department of Education will move any of the kind of the remaining districts to get their Policies where they need to be to ensure that everyone can attend school without a mask.

Nancy West with InDepthNH:

Yes, thanks for taking my question. It's for Dr. Chan. I'd like to just clarify. Now, you said there were 70% to 80% of people in New Hampshire have been vaccinated. Is that fully vaccinated or one shot?

Governor Sununu:

So, I apologize.

Nancy West with InDepthNH:

And my second question would be, I'd just like to make sure I get the second one in before I get muted.

Governor Sununu:

Oh, sorry.

Nancy West with InDepthNH:

How many of these cases that are happening now, deaths and cases, are breakthroughs? It's been months since I've been able to get any data on how many of these cases are breakthrough cases. Thank you very much.

Governor Sununu:

Sure; so, Dr. Chan, unfortunately, had to go and attend the call with the public schools. But just to reiterate what he said, over 70% of our population has had at least one shot. And I mean, depending on what you look at, and whether it's one shot or two shots, or boosters, that's, I think, to his comment of 70% to 80%. But over 70% have at least had 1 shot is my understanding of the latest data. Again, the vaccine data, whether you're looking at New Hampshire site or even the CDC site, frankly, is not very accurate. But that's our understanding.

In terms of the breakthrough cases, I don't know if we have data. I don't think we have data on the exact number of breakthrough cases, specifically because again most of the cases happening in New Hampshire where there are any are being identified in homes. And so, we don't even know of the vast majority of the actual cases that are out there, because people are taking the home test. And so, even any data on breakthrough cases, themselves, would likely be extremely inaccurate, because it's such a small population of the citizens that are actually going to -- I mean, sure, we might do 100, 150 tests a day at one of our -- at the combined conglomeration of testing sites across the State. But that's still only a fraction, potentially, of what we're seeing out there.

Alli Fam with NHPR:

Hi, Governor, good afternoon. My first question is still waiting on the rollout for the vaccine of the youngest kids in New Hampshire. And I'm wondering if the State have plans to leave testing infrastructure like the fixed -- or sorry, vaccination infrastructure of like the fixed vaccination sites in place, and the van in place for that rollout. And I just was also wondering if you could clarify again. Are school districts -- can they keep a indoor mask rule in place? Or do they need to transition into...

Governor Sununu:

Sure; so let me answer the first question first.

Alli Fam with NHPR:

Yeah.

Governor Sununu:

The plan has always been to, as we look at the approximately 10 different vaccination sites we have across the State -- 7, 8, 9, 10, about -- as the demand on that system has been decreasing almost on a daily basis, we will still keep some of those sites open. But we will likely consolidate a bit, because some sites are getting very, very little use. But at least have those open likely through the mid- to late-March. And then, we will start wrapping those up.

When you're talking about kind of that 6-month to 5-year-old population that, at some point, we're hoping soon, but we really don't know, at some point will be authorized for the vaccine, we are strongly encouraging everyone to go to their Pediatrician and to talk to their Doctor, because that's really a process with their Doctor.

We will still have the ability to bring the mobile van onsite. And we will still be able to do some of that. But the vast majority of that small population should really be engaging with their Pediatrician, given the age and the population that we're dealing with.

Obviously we can make certain exceptions here-and-there and make sure we have the vaccine van available and our Public Health Experts available for those who might not be able to get to their Pediatrician. But we're hoping that that's obviously a very, very small number within that population.

So, just to kind of reiterate the issue on schools, so prior to the issuance of this new Health Guidance, and since the onset of the actual pandemic, the Department has maintained that school districts had the authority to require students to wear masks under their own School Health and Safety Policies. And so, given the new Public Health Guidance released today, those requirements -- those mask

requirements and School Policies are no longer consistent with the rules. I think they're called ED-306. I'd have to refer to Commissioner Edelblut on that one. But the ED-306 rules, we need to make sure that we're consistent with that.

A mask requirement may violate the district's obligation to maintain the Policies that meet instructional needs of each individual student. So therefore this gets back to making sure that every student has a free and equitable fair access to education. And if that student chooses not to wear a mask, and given that Public Health is no longer recommending that they wear a mask, to deny that student a free and equitable education would be a violation of those rules and the law.

So therefore, no, schools -- that's a long way of saying schools really need to transition their Policies away from the mask mandates, which virtually most every school district is already doing across the State, or at least discussing doing. And so, that's why, I think, it'll be a very smooth transition for the few districts that are still looking at implementing Mask Policies or have implemented Mask Policies. And the Department of Education will work with those districts to try to move them into a Policy that coincides with these guidelines and recommendations, and still provides that fair and equitable education for every student in the State without those barriers.

Patricia Alulema with Boston 25:

Hi, Governor. Thank you. Just wanted to follow up. Last week, you mentioned that we could expect -- and this is related to the Harmony Montgomery case. Last week, you had indicated that we could expect a at least preliminary review of her case from New Hampshire. Wondering if that still is happening, and, if so, what can we expect coming from that review?

Governor Sununu:

Sure, so I think something will likely be released later this week is my understanding. Okay.

Governor, there's still Members of the National Guard helping in local hospitals.

Governor Sununu:

Yeah.

Given that hospitalizations have dropped dramatically, do you plan on pulling them back anytime soon, or...

Governor Sununu:

Yeah, so I believe that that deployment in both long-term care and hospital settings is slated to go through to almost the end of March, which really means because of the logistics their last day will be sometime in middle of March. You always have to give a couple weeks' buffer for the drawdown.

So, my guess is the National Guard in hospital settings will likely see their last week I think the middle week of March, something like that. I can get you an exact date. I want to say March 15th-or-so would likely be the last day of those individuals within that system. And we're not looking to extend it obviously at this time.

Right, and I just want to close up that school thread, just because you mentioned the rule and how your interpretation of the rule that the schools would be not in conformance with the guidance. What is the consequence if a district were not to change its Policies by that rule?

Governor Sununu:

Well, again, two things. First, we will have the Department of Education work with those districts to make sure that those Policy changes can move exactly where they need to be. But if a school district isn't providing a fair and equitable education, as the law requires them to do so, I imagine would face some legal challenges on a whole variety of levels, whether it's over this issue or any other issue, right?

Yeah.

Governor Sununu:

The law is very clear about the things. I mean, it actually has a list out there, if you were to look at it. The things, if a student were to be disciplined for behavior, or something like that. But when you're looking at the Public Health issues, they really need to fall in line with the Public Health Guidance that's out there, as they have. And we expect them to continue to do so.

And to clarify, legal issues, does that mean -- just give me some of the process here. Would that mean like litigation, or would it mean something from the Department?

Governor Sununu:

I imagine so. Again, I'm not a Lawyer. My guess is you'd probably have some pretty upset parents.

Yeah.

Governor Sununu:

If a child is being denied a fair and equitable education, yeah, for any number of reasons, that is likely going to cause some issues. But I don't foresee that.

But are there anything that can come...

Governor Sununu:

I really don't.

Right.

Governor Sununu:

I think most districts are -- they're already there, if they're not already. And now they're just going to adopt, kind of slide their Policies into where Public Health is.

Governor, it's easy to envision in October/November an uptick, potentially, in COVID numbers. What's going to happen at that point? We're a local-control State with education. And it's likely that the community's going to know first anecdotally, at least, when its COVID numbers are on the way up. But they're not going to be able to implement their own mask mandate until the State allows them at this point?

Governor Sununu:

Well, again, the ability for districts to implement mask mandates has always been contingent in conjunction with the recommendations out of Public Health. If those recommendations were to change, I suppose that that could change.

But no idea what's going to happen this fall. No idea what's going to happen this winter. We can start really looking at data, trends, what you're seeing in other countries, what you're seeing in other States. Usually, Europe or in certain parts of Africa, see surges before we do. And we will continue to monitor all of this on a daily basis, frankly.

But it's -- and we kind of make our path and projections based on that. I think we've always been really good about projecting that. And Dr. Chan and the Team, and all of us, I think we're right on target when we were warning in August of a winter surge. And we were prepared, when it came. And we were able to adopt it. And we will keep watching those numbers. And we will hope that we don't see anything.

But even next -- remember, the next winter surge, theoretically, if you have the same type of strain of COVID and you have the same type of severity, our bodies, humans are evolving with our immunities through vaccinations and boosters, and natural immunity, all of these things, just like the virus evolves, right? We evolve, too, along with it.

So, a lot of data's going to change. And we will look at all of that kind of as we look at the summer into the fall to try to make sure that we're prepared. And if there's anything we have to adjust to, we can adjust.

Governor, workforce question: the Senate Democrats would like to bring back the \$300-per-week stipends for long-term care workers, in order to retain them and perhaps recruit others, using Federal ARPA money to do that. Is that something you think would be a good idea?

Governor Sununu:

I'm not sure why we would do that, to be honest, at this time. I mean, are they talking -- I apologize -- are they talking about using ARPA dollars for a stipend specifically in long-term -- oh, okay.

That's okay. Yes.

Governor Sununu:

I'm sorry. I misunderstood.

Yeah, yes.

Governor Sununu:

I thought we were talking about something different.

Yeah.

Governor Sununu:

Look, if anyone in the Legislature or in the Senate has a proposal on how to use ARPA dollars, we're always an open door. Let that be my answer and I think that's the fair answer. In terms of how much would it be? How long would this be implemented? Is it just public long-term care? Is it private long-term care settings? All those variables really have to be accounted for. But if there's an idea out there, I'm happy to listen to anyone and have that on the table. But, again, you have to weigh that against other decisions. So, I'm happy to look at that.

Well, what's the status, generally, of New Hampshire's ARPA funds? How much is left in the pot, so to speak? I mean...

Governor Sununu:

Is this where I pull out my wallet and shuffle through? So, the ARPA funds come in two tranches: one last year and one this coming year. We fully anticipate getting the tranche this year. So, my understanding is some of the money has been allocated in both years.

There is still some flexible funds there that we can allocate. I personally have asked the Legislature to hold back about \$100 million in ARPA specifically for a potential next COVID surge, if that were to happen. If we don't see that down the road, we can always transition. And we will still have time to spend those dollars.

So, I think we're trying to be smart about kind of the rainy day ARPA fund, if you will. Different -- every dollar that has been spent -- or that has been allocated has gone through the public process of working with Legislative Leadership, going through the Fiscal Committee. And then, any Contracts that go out go through the Executive Council. And that's all public. And so, there's a whole checks and balance on that system.

But I think that, to date, the dollars have been spent very smart, whether it's on clean drinking water. There was stipulation for certain amount to go into Parks, a certain amount to go into Health and Human Services, a certain amount to go into kind of various amounts of various pots that are there. And there's certain things we can't do with them. This isn't CARES Act money. CARES Act money was very flexible. This money isn't quite as flexible. Infrastructure dollars are even less flexible, frankly, as we get down to that path.

So one of the things that we're always trying to do, too, is balance now that we know we have a pretty large surplus in the State's General Fund. We have these ARPA funds. We have the infrastructure money. And knowing that those dollar amounts are changing a little bit, or our surplus was much bigger than we originally anticipated, we're trying to figure out, making sure that we're super-efficient with where each project comes from out of which pot of money. And so, that's kind of where we are now.

The State is not short of money. That is the number 1 thing that folks should really take away. Education has more dollars in it than ever before. \$600 million more in the past couple years, just with the Federal dollars that have come in, on top of more dollars per child than ever before, on top of all the money back to cities and towns through ARPA, on top of all the Property Tax relief that the State has provided.

So dollars, when we have extra dollars for the vast part, have gone back to the cities and towns to provide that Property Tax relief. And at the State level, we still have a very large surplus. My sense is that there'll be a number of Fiscal Bills coming through the House and Senate this session that may spend some of that money. And I think that's fine. I mean, if you have the dollars and you can spend it on smart one-time investments, there's no reason you shouldn't be doing that. And we've already talked about some various -- you guys have seen it in the legislation that we've talked about various projects there. And then, we will likely have more surplus dollars next year, as well.

So, money's not the issue. That's a very, very good problem to have, if you think of it that way. And -- but spending it smart is just where we're focusing on. But we can -- GOFFER has a pretty good accounting of where the ARPA dollars are and where they've been currently allocated on their website. And I can get you some more detailed information specifically for that pot of money.

Sure; where does the separation of powers lie with that right now, because last week you announced the \$100 million housing program through ARPA? But you're also talking about potential Fiscal Bills that might go through the Legislature, that might also...

Governor Sununu:

This would all go through the Legislature.

Oh, okay.

Governor Sununu:

So what I announced last week at my State of the State with this \$100 million housing initiative or the Veteran's initiative that we're going to do -- really exciting stuff -- all of it would go through Fiscal approval. These are just kind of my ideas I'm throwing out there. And I'll work with Legislative Leadership and decide whether they like this, they want more money there, less money there. Maybe they have other ideas to add onto it. And so, it really is a collaborative process and a very public process. And we will go through all those same checks and balances.

And the final question on that: given that you did announce those two initiatives last week, is there anything else with this big pot of money that you are seeking to -- any future projects that are in the works? Or is basically everything that exists now, every program kind of the extent?

Governor Sununu:

No, I think there's a few other initiatives, because I think what we're seeing is, now that we have so many General Fund dollars, there's certain projects that we might have originally anticipated for ARPA that might now come out of the General Fund or vice-versa. Maybe there's a General Fund project that, because of some rule flexibility we have with ARPA, can now be used there.

Whether it's maybe we had a certain amount of dam projects that are authorized by the Federal Government and that we were going to do, maybe we can do more. Or we had a certain amount allocated to clean drinking water, and Senator Morse has been phenomenal about driving force on this. Maybe we can do a little more.

So I think some of those things will change. But the vast majority of the programs, and I think some of our key initiatives, are out there. I can't think of any off the top of my head that we haven't really touched upon.

But there could be. I mean, there could be down the road. A lot of it again is just that collaborative effort working with Legislative Leadership to make sure that we're hitting all the priorities with one-time spending. Well, we won't get another shot at this money again. It's not coming back.

You brought up the State of the State. The Veteran's campus, can you give us a few more details and sort of the timeline, and when you're hoping to make space available where people can move in there?

Governor Sununu:

Yeah, so I think we released something to the Press, if I remember, like a little bit of a one-pager on the concept of the campus. Again, all-encompassing: active Military; Veterans; housing; support services; the whole 9 yards, doing it up in Franklin at the location of the Easter Seals site up in Franklin, which is currently not being used and utilized in any real effective way. And this is just a great opportunity to do that.

I think we will continue to work with the Easter Seals and the Legislature to kind of keep working on what those details are. Again, maybe the Legislature has some different ideas about what could go on up there.

We're working out the final financial details and logistics with Easter Seals, the structure, the commitments. We're not going to make a commitment and then have it fizzle away in a couple years. Everybody wants to make sure that whatever we do, it's long-term. It's sustainable and it's there for Veterans, not just today in concept but in the future, as well.

So, when will it actually come to fruition? I think fairly quickly because we know the site. We know the location. The buildings are up. They do need to be rehabbed. But I think some of the buildings are in decent shape. And maybe even some initial programming could start sooner than later.

Some of the buildings will need some more significant rehab. And so, I think it'll be a phased approach to rolling this out. But given that so many different of the Veteran's groups are involved, so

many different organizations want to be part of this, it really has an awesome head of steam. And I think it'll move very, very quickly.

And the financial responsibility, even though these are Federal dollars kind of sparking all this, would it be the State eventually or a nonprofit? I guess, who's going to make sure this does continue in the long-term?

Governor Sununu:

Well, I think what we will do is work with Easter Seals and some of the other Veteran's groups to kind of work out who will carry those long-term obligations. The State will likely may put in some money here-and-there for our Veteran's programs, if certain programs are just being kind of transitioned to this centralized campus, as opposed to being nascent around the State. We will keep funding those programs.

Easter Seals does a tremendous job with this type of work. And my guess is they'll obviously be contributing for the long haul. But a lot of that is what we're working out now to make sure that that sustainability is there. So I don't have any final details, per se. But we're working on it, as we speak, which is great news.

Similar question, then: do you have any more details looking around about the housing plan that you announced last week?

Governor Sununu:

Well, I'm going to meet with some of the Legislative Leadership in the next couple weeks to discuss the Veteran's piece, the housing piece, and any other projects that they have and ideas, kind of next-phase ideas. The investments we're making with mental health, with the new hospitals, things like that that are still moving forward, which are really, really positive.

So I think in the next few weeks, we're kind of giving the -- we just threw it out last week. So we're kind of giving everyone some time to kind of digest it, think a little bit about how they think either their organization or whatever they kind of can bring to the table might fit into the puzzle piece to make I a real comprehensive everyone to the table-type program that does some pretty awesome stuff. There'll be no place like it in New England. I mean, that's really exciting.

And that'll go through Fiscal. Is that like a Fiscal item...

Governor Sununu:

It'll likely come as a Fiscal item, as...

And then to the Exec. Council, maybe?

Governor Sununu:

Yeah, it'll definitely come as a Fiscal item. I imagine, because it'll be a Contract or a MOU with Easter Seals, they'll likely -- that'll likely be a step that would probably come before the Executive Council. But I'm not 100% sure of that.

Okay.

Governor Sununu:

I would imagine so.

Is there a workforce piece that could occur with regard to that? I mean, we hear that one of the problems with housing obviously is permitting. It's getting communities to approve and make multifamily housing available in their community. We also hear there is -- there's a supply chain problem, building materials. We also hear there's a problem with building tradespeople. There aren't enough of them here. Are there things we could do in that area that we did in healthcare? Could we offer, for example, reciprocal licensing for building tradespeople, so we could get more of them to come to the State and build a bunch more houses?

Governor Sununu:

Sure; so a couple things. On the housing piece, I would say we're kind of putting forth \$100 million. That's a lot of money. And one of the reasons the number's so high is because if we just wait to hopefully see inflation maybe go down in a couple years or not, if you take that attitude, it's never going to happen, right?

We got to charge forward knowing that inflationary costs are national and they could be with us for some time. But we can't wait on the housing piece. Everyone's kind of been waiting for something like this. And we have to act. We have to move forward quickly. And we can, which is really exciting.

You bring up a really great point, Kevin, on the idea of licensure. And there is a huge initiative that we're working on with licensure across the State, whether it's with the mechanical trades or all the different Licenses that we have. Most of them are administered really well.

We were looking at kind of updating and modernizing our entire system of licensure. We did some great work, as you mentioned, fast-tracking License for Nurses. We did some great work with allowing reciprocity across borders, specifically around Healthcare Licenses and nursing.

There's no reason we can't have that same type of attitude with a variety of other Licenses across the State. We license something like 200,000 individuals in this State, right? That's a lot of Licenses. Frankly I personally think it's too many. I think we over-license.

There's always a reason to do it. You can always find some reason to do it. But sometimes you look at some of these Licensing Groups and you say why does that even exist, right? So I think we're trying to modernize that entire system. We're making investments at the Division of Professional Licensure and Certification on the backend, in terms of technology to both manage budgets better, get the licensing stuff done a little more streamlined.

But there is definitely a revamping that has to happen overall with licensure. And I think COVID is a bit the impetus to really do that and do it in a very forward-looking manner, not just reacting to one small issue or another.

We've had huge success fast-tracking this. And there's no reason we can't continue some of that success in the future to make sure that we're staying ahead of everybody else in terms of workforce availability.

Housing's a big piece of it, right? You got to have the housing. Can't have the workforce if you don't have the housing. And so, you could have the most flexible place in the world in terms of licensure, but if you can't live -- if people can't find a place to live, it ain't going to work. So the housing is really one of the bigger pieces here.

Fast-tracking the permitting process at the local level is a big part of this initiative, right? Rewarding cities and towns per unit, if they can get things licensed, get actual housing units licensed and permitted within six to nine months, paying that incentive, if you will, to move quickly, I think, is a pretty exciting idea. And hopefully it'll come to fruition.

We've already been talking to cities and towns that have called us lining up, ready to go, which is really great. We have Developers and cities and towns. We're going to marry them together and move forward, and take some of the financial risk off the table, and start getting stuff built.

Commissioner Shibinette, Commissioner, COVID-19 has been sort of the dominant mission for your Department for so long. But you have so many different jobs that you have to do at HHS. How much longer do you think COVID will be the dominant mission of your Department?

Commissioner Shibinette:

I think we started transitioning out of COVID being dominant several months ago. You've seen several projects come online around mental health: buying Hampstead Hospital; building a forensic hospital; investing in other psychiatric hospital.

We're looking at redesigning our Developmental Disability Waiver. We've launched critical time intervention. We've asked for approval for an IMD Waiver. So as much as the Department has focused quite a bit over the last two years on COVID, we've done a lot more than just COVID.

Governor Sununu:

Great; further questions? All good? Okay. All right. Well, thank you, guys, very much. Enjoy the nice weather. They say there's going to be about a 50° drop in 12 hours -- over a 12-hour span this week. So it's going to get cold with some heavy snow. Not to be the weather reporter, but some heavy snow obviously coming in Friday. So people should just be very cognizant of that -- those conditions. So enjoy the warmth while the -- what do they call it -- the false spring, fake spring? Enjoy it while we have it. Winter will be back in -- by tomorrow. All right, thank you, guys.