

JOINT LEGISLATIVE FISCAL COMMITTEE - SPECIAL MEETING

Legislative Office Building, Rooms 210-211

Concord, NH

Friday, December 2, 2021

MEMBERS PRESENT:

Representative Karen Umberger, Chair

Representative Tracy Emerick

Representative Jess Edwards

Representative Peter Leishman

Representative Keith Erf

Representative Bob Lynn (Alt.)

Representative Joseph Pitre (Alt.)

Senate President Chuck Morse

Senator Gary Daniels

Senator Bob Giuda

Senator Donna Soucy (Alt.)

Senator Suzanne Prentiss (Alt.)

(The meeting convened.)

- (1) **RSA 9:16-a, II, Transfers Authorized and RSA 14:30-a, VI, Fiscal Committee Approval Required for Acceptance And Expenditure of Funds Over \$100,000 from any Non-State Source:**

KAREN UMBERGER, State Representative, Carroll County, District #02, and Chairwoman: HHS had about two and a half days to figure out where -- where they needed to go in order to meet the needs of the Executive Order. And so, if we could, our first order of business is FIS 21-362. And this is the one that is looking for \$26.5 million to transfer between different categories, and also to accept FEMA money in the amount of 43.5. So okay. Senator Morse, you have a question?

CHUCK MORSE, State Senator and Senate President, Senate District #22: I have a question for LBA.

CHAIRWOMAN UMBERGER: Okay.

SEN. PRESIDENT MORSE: Mike, yesterday when I contacted you, the -- this 26 million was what I was trying to understand from a Fiscal Committee point of view how did it get there, and how was it handled with Fiscal, how was it handled with Governor and Council? Can you explain to everyone how it was handled and how much was handled in this process?

MICHAEL KANE, Legislative Budget Assistant, Office of Legislative Budget Assistant: Sure. Just for the record, Mike Kane, the Legislative Budget Assistant. So kind of a brief recap of history.

Hum -- you remember that 2020 the State was under a state of emergency due to COVID. As a result, the Governor had emergency powers where he could act -- hum -- and direct the agencies to accept and authorize them to spend the funds, without Fiscal, without Executive Council, during that time; specifically, the state of emergency.

So during that time, in multiple instances, FEMA funds were made available to the State. And so FEMA, there's technically no limit on the amount of FEMA funds that are available to a state. It just really has to be FEMA eligible expenditures and you get the approval of the Federal Government.

So during '20 into '21, multiple actions were taking place initially to authorize -- the Governor authorizing HHS to expend the FEMA funds. And then to put it into -- it was usually like two or three classes would be put into, but then the Agency was given the authority under the emergency powers to transfer as necessary. So a majority of that was going into Class 20 knowing that the Agencies could always transfer during the state of emergency to where it was needed.

So multiple instances there would be amendments, increases, decreases to the FEMA amount, to the State Match amount, or the 25% at the time for the State Match which they would receive

from CARES funds; again, outside of Fiscal, outside of Executive Council, outside of the budget process. So not a process that this Legislature was involved in to that level of detail that you're used to.

So all those actions it's upwards of, between the State match and the Federal match, over \$212 million of FEMA funds were available, like an authorization to the Department, to use through those years.

You can see in this item in 21-362 for Fiscal Year '22, \$88.3 million of that is still available. If we were still operating under the emergency orders and using that -- the Governor was using that same process, you would not see this item. But once that emergency order ended, things have changed what comes to Fiscal. Instead of an informational item of we've accepted, we've transferred these funds, Fiscal and Executive Council are now being asked to approve any transfers for acceptance.

This is the first transfer out of Class 20, action number one, into -- out of Class 20 current expense where most of it was budgeted over the last year or so into contracts for operation of services. 'Cause yes, it's eligible FEMA funds. Now you have an idea of what you want to use these funds for.

And then the second part is the accept and expend of an additional 43.5, which again, last year would have just gone through and the Governor would have written a letter to HHS authorizing them to accept these funds. But now, since that state of emergency has ended, they do come and ask Fiscal and G & C to approve the accept and expend of those additional FEMA funds.

So that's kind of the history how we got here. So you wouldn't remember Fiscal or the Finance Committees budgeting X amount in Class 20 or Class 103 because that all happened last year.

CHAIRWOMAN UMBERGER: Did you have a follow-up?

SEN. PRESIDENT MORSE: Yeah, and the follow-up is last year's money required a match. This year the money we're talking about here is 100% federal.

MR. KANE: Hundred percent. Instead of the 25% State match that you're used to hearing about in FEMA for mostly the Safety items, the Federal Government during the state of emergency through March, I believe, and the Department can clarify or verify that, will support 100% of these expenditures.

CHAIRWOMAN UMBERGER: Okay. Are there any further questions. Seeing none. Could I have a motion to approve FIS 21-362? Thank you. Do I have a second by -- approved by -- yeah. Motion was made by Representative Leishman, seconded by Representative Edwards. The Clerk will call the role.

TRACY EMERICK, State Representative, Rockingham County, District #21: I gotta get my training through here. This is a motion to approve 362. Representative Edwards.

JESS EDWARDS, State Representative, Rockingham County, District #04: Yes.

REP. EMERICK: Clerk votes yes. Representative Erf.

KEITH ERF, State Representative, Hillsborough County District #02: Yes.

REP. EMERICK: Representative Leishman.

PETER LEISHMAN, State Representative, Hillsborough County, District #24: Yes.

REP. EMERICK: Senator Daniels.

GARY DANIELS, State Senator, Senate District #11: Yes.

REP. EMERICK: Senator Morse.

SEN. PRESIDENT MORSE: Yes.

REP. EMERICK: Senator Giuda.

BOB GIUDA, State Senator, Senate District #02: No.

REP. EMERICK: Senator Soucy.

DONNA SOUCY, State Senator, Senate District #18: Yes.

REP. EMERICK: Senator Prentiss.

SUZANNE PRENTISS, State Senator, Senate District #05: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is nine yes, one no.

CHAIRWOMAN UMBERGER: Motion passes with a vote of nine in favor and one opposed.

***** {MOTION ADOPTED}**

REP. EDWARDS: Madam Chair.

CHAIRWOMAN UMBERGER: Yes.

REP. EDWARDS: May I make a question about the bill we just passed? It didn't -- wasn't germane to the vote itself, but I do want to put something on the record.

CHAIRWOMAN UMBERGER: Okay, certainly.

REP. EDWARDS: Okay. So -- hum -- so I realize the big hurried nature, the emergent nature of getting this funding. I

just want to point out that the Governor on Facebook already advertised that these booster blitz was going to take place. And so I think there was a little cart before the horse there that we can excuse because of the emergent nature of this. But -- but normally, advertising that the money is or the program's going to be there 'cause the expectation on the money being there, that should not come before the actual vote, as a rule, I think. So that's my comment. Thank you.

CHAIRWOMAN UMBERGER: Okay. Thank you very much. Okay. Yes. Sorry. Senator Morse.

SEN. PRESIDENT MORSE: Yeah. This kind of went a lot faster than I thought it was going to go, but on this particular item that we just, passed, Commissioner, I'm just going to make a suggestion in the future because none of us knew about this kind of money. And that's kind of strange for this group, you know. So we have all this federal money sitting in accounts, whether it's Class 20 or not Class 20, we never talked about any of that in the budget phase. And I just think it might be beneficial to understand how much money, you know, we can look at this 88 and you transferring 26 out of it, but is there more dollars in HHS in other accounts that are Federal funds that are sitting there waiting for decisions to be made that emergency like decisions, I get that. But is that -- are there more funds out there?

KERRIN ROUNDS, Chief Financial Officer, Department of Health and Human Services: So there are several accounting units within HHS that are related to COVID, yes, and none of them were included in the budget process. If all of them either went through the state of emergency into our budget or have come before Fiscal. We did actually bring a FEMA item through Fiscal, I believe, two meetings ago and transferred money out of Class 20 into Class 103 for -- I'm trying to remember what that was for exactly. I don't remember. But there are several accounting units, mostly in Public Health, that are -- that are like this.

We just closed out the GOFERR CARES Act Accounting Unit that the spending on that just ended. So that doesn't exist as

of today, but did exist for the first six months or so of the Fiscal Year; but there are several grants in Public Health.

CHAIRWOMAN UMBERGER: Follow-up.

SEN. PRESIDENT MORSE: Follow-up. Kerrin, you just brought up GOFERR and CARES Act, and some of us are working with this billion dollars and it's difficult, at best, to get enough meetings to talk about everything that's in there. But there is a chart that says here's the original 900 and something. This is what's been spent to date. Is that something that you're tracking on your end or is it being tracked in somewhere else?

MS. ROUNDS: So it depends on the grant and I would say that HHS is always tracking internally everything that we're spending. The CARES Act funding we tracked internally and we actually tracked the CARES Act funding for the whole state for a period of time until GOFERR had enough staff to do it themselves. So we were running the reports for the entire state for a while.

I can tell you in this FEMA account that 52 million or yeah. Yeah, I'm looking at the right one. The 52 million that was in Class 103 in the current modified budget on number one, that is already encumbered into contracts or planned for contracts already, which is why we needed to transfer funds into there. So we do track that.

We actually, because of the emergent nature of what we've been doing for the past two years, typically we just track encumbrances and say, you know, we know we have these things encumbered and we sort of know what's coming up. But because this happens so quickly, we have a lot of spreadsheets that are tracking what's coming up because there's so many things at once.

CHAIRWOMAN UMBERGER: Yes, Senator Morse.

SEN. PRESIDENT MORSE: Trust me, these questions would have been asked before we voted.

MS. ROUNDS: I understand.

SEN. PRESIDENT MORSE: So I'm just trying to go through it. I think what you just brought up, Kerrin, is exactly what this Committee would like to be involved with. They would like to see -- not like -- they feel it's their obligation and this is no secret that I went to the Governor about it. You know, if money's coming into New Hampshire, where's it going? You have some pretty specific numbers in here on the next item. So I've got to believe you know what you're doing with these allocations. And we may be a pest, but I think if there's a way to keep us updated, I think that's what we're asking.

MS. ROUNDS: And I think one of the difficulties and I've been trying to figure out a solution to this, too, is that I can only share so much with this Committee, because I have to take a contract through the G & C process and that process is confidential and can affect contract negotiations. So on the next item when we start talking about it, I can give you some high level information on how we came up with the numbers; but if I go into detail, I risk negotiations we have going on with potential contractors and potentially pay a higher rate than we need to because we put a number out there that's higher than what they're willing to let us pay them.

So we have to be careful how we share the information and anything we share with you is public. So there's no like, oh, we're sharing this confidentially. So, you know, I think the best we can do is share the more specific information afterwards, which I know doesn't help the vote which is hard, but I don't want to put at risk our contract negotiations.

CHAIRWOMAN UMBERGER: Follow-up.

SEN. PRESIDENT MORSE: I'm sure others are going to have questions. But what I -- what I see that you should be prepared

for, though, is at some point there's going to be an audit by the Legislature of all these Federal funds that come in during COVID. Someone's going to ask the question and it's bi-partisan, right?

MS. ROUNDS: Yep.

SEN. PRESIDENT MORSE: I mean, you saw Senator D'Allesandro had the same questions that I was headed towards on an item. And I -- I think it's not just the Executive Branch that wants to see that. I'm just --

MS. ROUNDS: No, it's completely understandable. I will tell you that KPMG did a Single Audit for Fiscal Year 20 already. They've completed that. And they audited all of our COVID funds because they all hit the threshold of being -- being funds that have to be audited. So they are currently audited already by the Federal Government right now.

LORI SHIBINETTE, Commissioner, Department of Health and Human Services: And if I can just add, our Public Health grants that we get from the CDC, there's a lot of requirements around auditing those and they're very specific on what we can use them for. So when you see us accepting or requesting to accept and expend a CDC grant, those funds we have to submit a Plan of Action to them. And any time we change that Plan of Action, we have to modify it and resubmit it to the CDC. So those funds are very clearly tracked by the CDC and the Department. And what I can see is during the state of emergency we did accept some multi-years CDC grants. And we're using some of those funds still today. But we do have the tracking and we do submit to CDC any time we change what our plan is for use of those funds.

CHAIRWOMAN UMBERGER: I'm sorry if I went too fast. I apologize.

- (2) **RSA 14:30-a, VI, Fiscal Committee Approval Required For Acceptance and Expenditure of Funds Over \$100,000 From any Non-State Source:**

CHAIRWOMAN UMBERGER: So let us turn now to FIS 21-363, which is to accept and expend Federal funds from ARPA in the amount of 20.4 million and to authorize these -- and further authorize these funds to the accounts below. And it will be used to respond to the Executive Order 2021-12. And so let me -- let me start out by asking are there any questions from people on the Fiscal Committee? Yes, go ahead.

REP. EDWARDS: Madam Chair, I have four questions. Do you want me to just go one at a time --

CHAIRWOMAN UMBERGER: Please.

REP. EDWARDS: -- or rotate or --

CHAIRWOMAN UMBERGER: Just go one at a time.

REP. EDWARDS: Okay. I think three of them make sense in combination, but I'll -- I'll do that.

CHAIRWOMAN UMBERGER: Do whatever you need.

REP. EDWARDS: Thank you. So -- hum -- so good seeing you again. I'm looking forward to voting in favor of this request, but I just do have some standard questions that I'd like to ask and find out what you thought about. And that is I understand your objective is to make our bed capacity more flexible so that we have more options on how to address our future needs that we aren't really able to anticipate fully now. But how, as you plan for this, have you anticipated a goal for a benefit? How would you describe what success looks like at the end of this effort?

MS. SHIBINETTE: Sure. Thank you. So right now our hospitals are running at 91% capacity. And 91% makes it sound like there's still 9% there, but that 9% could be in pediatrics, maternity, any of those. What we do know is our hospitals are transferring patients as far away as Connecticut and Albany, New York, to get the right level of care that they need. And we're not just

talking about COVID patients, we're talking about patients with heart attacks and strokes and things like that.

When talking to the hospitals, which we have a daily call with the hospitals now, we used to have it twice a week. It has escalated to daily. You know, they've listed things that would assist in moving people out of the hospital that do not need to be in the hospital.

One of the first groups is elders that are looking for nursing home or assisted-living level of care. They're unable to return home. But nursing homes and assisted-livings, due to their staffing issues, due to COVID, have shutdown units, have decreased capacity. Some of those people waiting in the hospital are new Medicaid recipients, which there's a very lengthy process to -- to approve Medicaid. When we were in the state of emergency, we were able to bypass that process. We cannot do that right now. So what we're doing with some of these funds is guaranteeing to the facility that if they take a Medicaid pending client that we will guarantee payment if Medicaid in the future is -- is not approved.

So our overall goal, we've accounted for about 75 nursing facility beds for over the next 120 days and 30 assisted-living beds. Now, the flexibility I need is that if for some reason 50 assisted-living beds come open through this process, and only 30 nursing home beds, I need to be able to move that money around and use what we have to empty out the back door of the hospital.

Ambulatory surgical centers, which is also in this item, we're planning for about 75 beds of hospitals being able to internally surge into ambulatory surgical centers and the Department designating those areas as acute care beds versus ambulatory surgical beds.

Rehab centers, which have some capacity right now to take some of the nursing home residents that are waiting for placement and we can't find beds for, we've accounted for -- we've allotted to 30 beds in -- in rehab centers, and

then eight strike teams. Now, we want to -- what we're trying to do and there are several facilities that have reached out, several county facilities and a couple of private facilities that have said if you can get us the staff and we can open up a 25-bed unit in our nursing home and take those hospitalized patients.

So we're working with national agencies that are able to bring people in from out-of-state to help open up those units. The strike teams fall into that. We're hoping for eight. So measuring success is getting capacity down below 80%, which is where it was before this surge in our hospitals. Making sure that the people that need ICU -- comprehensive ICU level of care are in an actual ICU unit. We have several hospitals operating right now on a team based model of care, which is what you do as a contingency plan when you have too many patients and not enough staff. We'd like to end that and go back to our normal standards of care.

REP. EDWARDS: Follow-up.

CHAIRWOMAN UMBERGER: Certainly.

REP. EDWARDS: Okay. So this is a follow-up to that specific question, and I just want to understand the apples to oranges numbers, because you mentioned 91% at capacity now. And then you've mentioned 75 beds and 30 beds for, you know, for 105 beds. So then you mentioned that would get us down, our goal would be to an 80% capacity. So are you effectively saying that those 105 beds represent 11 percentage points?

MS. SHIBINETTE: No. So that's -- that's -- that is not one moment in time. So it's over the next 120 days and even maybe beyond that. So I may be able to move 40 people out of the hospital today. Sixty days from now I may have another 40 people in the hospital in those same beds.

REP. EDWARDS: Yeah.

MS. SHIBINETTE: So it's -- it's ongoing preservation of the capacity within the hospital. It's not just one point in time.

REP. EDWARDS: Okay. So what does that 105 represent in terms of percentage points of your capacity? Sorry. It's a math question.

MS. SHIBINETTE: Yes, and the math person's doing that.

REP. EDWARDS: I just need the number so I can understand relatively what we're doing.

MS. ROUNDS: I don't want to misquote the number, but I think it's around four -- that would be around 4%.

REP. EDWARDS: Four percentage points?

MS. ROUNDS: Based on what I'm remembering for a number, but I'd want to verify that, but that's --

REP. EDWARDS: All right. If it's significantly different, I'd just appreciate knowing later.

MS ROUNDS: Yes, I'll let you know.

REP. EDWARDS: And then I have a follow-up of a different question.

MS. SHIBINETTE: Just to add to that understanding that in the last six months one nursing home resident taking up a bed in a hospital, right, is equivalent to, you know, maybe even 20 acute care patients that only have three-day hospital stays. So by moving one long-term care resident out, you are able to service dozens of acute care patients in that same bed.

REP. EDWARDS: Thank you. You're, obviously, dealing with a complex and changing situation. So I appreciate what you all are doing.

My other question is similar to what I asked you in the last meeting. And that is I'm just curious to the extent that you know that the hospital system is hurting itself on a capacity level by terminating health care providers that do not want to voluntarily take the injection.

MS. SHIBINETTE: So the CMS mandate was -- there's an injunction on the CMS mandate that came out last week.

REP. EDWARDS: Thank God.

MS. SHIBINETTE: There are some hospital systems that have already chosen to go through with the mandate. The Hospital Association is going to track the number of people that leave specifically around the mandate, but my -- my understanding just from general conversation it is a very, very tiny pool of people.

REP. EDWARDS: Okay. I would just like some visibility into that number. If you are able to get somebody to develop it, I'd appreciate it.

MS. SHIBINETTE: Okay.

REP. EDWARDS: All right. Thank you, Madam Chair.

CHAIRWOMAN UMBERGER: Are there any further questions? Yes, Representative Leishman.

REP. LEISHMAN: Thanks, Madam Chair. And thanks for responding to all my written questions earlier. So under the strike teams for long-term care staffing, you have rates are estimated to be between two and \$300. Could you explain that? Is that for the overall individuals as a group or is that per person?

MS. ROUNDS: So I wanted to clarify because I did have a conversation with Representative Erf this morning, and I think I may have miscommunicated. So that rate is what would be paid to the agency, per person, per hour.

REP. LEISHMAN: So as a follow-up, Madam Chair.

CHAIRWOMAN UMBERGER: Yes.

REP. LEISHMAN: So the individual wouldn't be getting that. It would be the contracting agency, and they would determine whether that person got \$10 or \$50 an hour?

MS. ROUNDS: I mean, so -- I mean, as part of the negotiations we have a sense of what rate they're paying the individuals typically. But I -- I -- somebody that's being paid \$10 an hour is not who we're hiring in this type of situation. You know, no -- no, you know, RN is going to get paid \$10 an hour. So I think that it -- it probably varies per company just like any contracted employee, but it's not -- this rate is a range for the contractor.

REP. LEISHMAN: And one further question, Madam Chair.

CHAIRWOMAN UMBERGER: Yes, please, go ahead.

REP. LEISHMAN: Thanks. So your Department is taking on an increasing role again, and again, and again, and how is the staff handling this? Are things being put off that should be done in other areas to handle this pandemic or how are you handling this staff and overseeing this additional responsibility?

MS. SHIBINETTE: I don't have a lot of perspective since the entire time I've been Commissioner we've been in a COVID pandemic. So this has been kind of the volume of work since I came on board as Commissioner. We are operating all of our other programs in the Department at full capacity. The staff within the Department is stretched thin and burning out, as you would expect. And as every other health care worker in our state in every hospital and every nursing home, they're feeling the same effects of COVID fatigue.

CHAIRWOMAN UMBERGER: Senator Giuda, you have a question? Turn your mic on.

SEN. GIUDA: Thank you, Madam Chair. So the two to \$300, would that be a number that is inclusive of all the expenses, personnel, operating, benefits, all that for those facilities or are there other outside that 200, 300 expenses?

MS. ROUNDS: No, that's the hourly rate into the contract.

SEN. GIUDA: No other compensation?

MS. ROUNDS: I don't believe so. Not that I know of.

SEN. GIUDA: Thank you.

CHAIRWOMAN UMBERGER: Yes, Senator Soucy.

SEN. SOUCY: Thank you, Madam Chair.

CHAIRWOMAN UMBERGER: Just please turn on your mic and pull it close.

SEN. SOUCY: Thank you, Madam Chair. It's not -- I think it's on now. My question was relative to the ambulatory surgery centers and the ability to transfer into those. My understanding is the transfer would be discretionary. And I just -- and I'm very sensitive to what Kerrin said earlier about the drilling down and getting into granular explanation. But I just wondered where the 9 million came from? If you could just give me some top line as to how you established that number given the limited services that the surgery centers are able to provide and given also the limited stay. Would it be an increased stay or increased service that --

MS. SHIBINETTE: I will answer part of that, Senator, and then I will let Kerrin talk about the number part of it.

The goal here is that there is a State statute that allows the Commissioner to designate other areas within the hospital as acute care centers. So the goal would be to have a hospital that has an ambulatory surgical center, either attached or detached, to then designate that area as an acute care center, not as an ambulatory surgical center. So it would function the same way as a normal hospital bed without the hours, without the license limits, on it.

MS. ROUNDS: So I will speak to all of the rates. So I worked with Henry Lipman, the Director of Medicaid, to determine the average rates in all of these types of facilities to come up with the rate. So the rate for the ambulatory surgical centers is actually based on a hospital rate, not ambulatory.

SEN. SOUCY: Okay. That makes sense as to why it's --

MS. ROUNDS: Yes, why it's higher.

SEN. SOUCY: Thank you.

MS. ROUNDS: You're welcome.

CHAIRWOMAN UMBERGER: Are there any further questions? Oh, yes, sorry.

SEN. DANIELS: Thank you and good morning. It's my understanding that, you know, where we're talking about nursing facilities, ambulatory rehabilitation, or any of those that you list there, that it's not mandated that they make room?

MS. SHIBINETTE: That is correct.

SEN. DANIELS: Okay. So my follow-up question is then when you designate so many beds for a particular facility, how do you know that if you haven't done -- if you haven't negotiated a contract with them yet?

MS. SHIBINETTE: I have several facilities, such as nursing facilities, that have reached out and told me what their capacity is, if we can provide them some of the strike team personnel. See, all of these items are interrelated and depend on each other. So if I can provide them a strike team, they -- they said they can open up 25 beds. We then move Medicaid pending people that are waiting in the hospital into those 25 beds, and I guarantee payment under with this funding so that they can move into the hospital. I have two county facilities, at least two county facilities and three private facilities already offer up units on their -- in their buildings.

SEN. DANIELS: Okay. Thank you.

CHAIRWOMAN UMBERGER: Are there any further questions?
Representative Erf.

REP. ERF: Thank you, Madam Chair. What analysis has been done regarding the expectation of the trend for the rise and fall of the Delta surge?

MS. SHIBINETTE: That would definitely be a question for our State Epidemiologist around Delta. Because we have -- obviously have the complicating factor now of the Omicron variant, too. But I can certainly have Dr. Chan get back to you on what the -- what the analysis is for the upward trend or the downward trend of Delta.

REP. ERF: Thank you.

CHAIRWOMAN UMBERGER: If -- if you would send that to the LBA so that we can all share that and not just to one person.

MS. SHIBINETTE: Sure.

CHAIRWOMAN UMBERGER: Thank you. Senator Giuda.

SEN. GIUDA: Thank you, Madam Chair. Just a moment, if I may, for some commentary.

CHAIRWOMAN UMBERGER: Okay.

SEN. GIUDA: Brief. I voted against the first item because it is a -- it is geared towards prevention. And understanding that this is a virus that was deliberately given gain of function, another term is called weaponized, we're watching variants continue to emerge, and we continue to chase this ephemeral goal of stopping the spread of the virus. That was the reason for my vote against first.

I will support this measure because this is a treatment measure. We are enabling treatment of people who have the virus, not chasing the ephemeral ghost of trying to stop something that continues to mutate at an alarming rate and to spread all over the globe. Thank you, Madam Chair.

CHAIRWOMAN UMBERGER: Thank you. Representative Edwards.

REP. EDWARDS: Thank you. Maybe you already answered this, but for the strike teams that you're -- that you're augmenting, do you know if those strike team members are going to be required to have been vaccinated?

MS. SHIBINETTE: I don't know that.

REP. EDWARDS: Again, it's not going to affect my vote. It's just an issue that's important to me. So if we could get an answer.

MS. SHIBINETTE: The overall goal with the strike teams is we will be -- there's not a lot of companies that can give me eight strike teams. We will likely contract with four, five, six different companies to each provide one or two strike teams. And we can certainly ask that question if as a private entity they've chosen to implement a mandate or not.

My -- my thought is that because some of the facilities that they're sending their staff into have mandates, that they've probably either only using people that have been vaccinated or they have mandated it.

CHAIRWOMAN UMBERGER: Okay. Are there any further questions? Seeing none. Could I have a motion to approve FIS 21-363?

** SEN. GIUDA: So moved.

SEN. SOUCY: Second.

CHAIRWOMAN UMBERGER: Senator Giuda. Seconded by Senator Soucy. Will the Clerk please call the roll.

REP. EMERICK: This is roll call for 21-363. Representative Edwards.

REP. EDWARDS: Yes.

REP. EMERICK: Clerk votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Morse.

SEN. PRESIDENT MORSE: Yes.

REP. EMERICK: Senator Giuda.

SEN. GIUDA: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Senator Prentiss.

SEN. PRENTISS: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is ten yes.

CHAIRWOMAN UMBERGER: FIS 21-363 passes on a vote of 10 to 0.

***** {MOTION ADOPTED}**

(3) Date of Next Meeting and Adjournment

CHAIRWOMAN UMBERGER: Thank you very much for coming before us, and we look forward to great things out of this. So just for everyone's information, our next Fiscal Committee meeting is scheduled for December 17th at 10 o'clock. So if there's no further business, we'll adjourn.

(Meeting adjourned.)

CERTIFICATION

I, Cecelia A. Trask, a Licensed Shorthand Court Reporter in the State of New Hampshire, do hereby certify that the foregoing transcript was transcribed by me from a YouTube video/audio recording. I was not physically present at this meeting, and I have transcribed the recording to the best of my ability, skill, knowledge, and judgment.

Cecelia A. Trask, RMR, CSR
NH Licensed Shorthand Reporter #00047