



Early Voting begins October 24th and ends Friday November 4th Voting by mail applications must be into the County Clerk by November 4th

Most early voters go the second week; voters averse to standing in line should go the week of Oct. 24-30. Some of us have already voted by mail but the vote-by-mail deadline looms. If you wish to vote by mail get your application to the County Clerk as soon as possible but it must be **in his office** no later than October 28. To get an application form go to **harrisvotes.com**

or write to
Harris County Clerk
Elections Division
P.O. Box 1148
Houston, TX 77251-1148

For Galveston County go to
galvestonvotes.org/early-vote-mail-FAQ.htm

Or write to
Elections Division,
Galveston County Clerk
P. O. Box 17253
Galveston, TX 77552-7253

Harris County Early Voting Location

Freeman Branch Library
16616 Diana Lane, 77062

Galveston County Early Voting Locations

Dickinson Community Center 2714 Highway 3 Dickinson, Texas	Bacliff Community Center 4503 – 11th Street Bacliff, Texas
League City County Annex 174 Calder Road League City, Texas	Friendswood City Hall 910 S. Friendswood Ave. Friendswood, Texas
Creekside Intermediate School (Practice Gym) 4320 W. Main Street League City, TX	Kemah Community Center 146 & Harris Ave. Kemah, Texas
The North County Annex (Court Room) 174 Calder Road League City, TX	CCISD Ad. Building (Board Room) 2425 East Main Street League City, TX

Early Voting Begins October 24

October 24 - October 28: 8:00 a.m. - 6:00 p.m.

October 29: 7:00 a.m. - 7:00 p.m.

October 30: 1:00 p.m. - 6:00 p.m.

October 31 – **November 4:**
7:00 a.m. - 7:00 p.m.

Last day of
early voting

Split-ticket Voting in Vogue for General Election

Texas is among the few states allowing straight-ticket voting and with Clinton and Trump at the top of the ticket some voters are planning to vote all Republican or all Democratic except for President. Last Summer Texas Tribune’s Ross Ramsey summed up the predicament:

Both Donald Trump and Hillary Clinton have higher “unfavorable” numbers than the Zika virus, and candidates below them on the ballot ...are already reacting.

They’ve turned to an old page in the campaign playbooks: Disown unpopular candidates on your own ticket and try to marry the bad ones on the other ticket to your opponent.

It’s hard enough to run from the top of your ticket if voters are moving through their ballots one race at a time. The straight-ticket option — with unpopular candidates perched at the top — could skew the results of down-ballot contests.

And Ramsey’s solution: “A straight-ticket voter who doesn’t like the top candidate can still vote for the GOP ticket and then manually opt for some non-party candidates, switching parties in one or more contests or just writing in the name of a favored contestant.” [Ross Ramsey, *Texas Tribune*, 6-10-16]

For “yellow dogs” and other straight-ticket voters it appears the wisely efficient thing to do is vote straight ticket and then go through the ballot and change your vote in those races where the opposite party is the better fit. In the next article, “**The Chronicle Endorsements,**” the attentive voter will find a mix of Republicans, Democrats and Libertarians for those races where one knows little or nothing of the candidate. Bring this list into the polling booth as you vote; it’s so much easier than trying to memorize all those names or feeling irresponsible for failing to do your full civic duty.

I generally find the *Houston Chronicle* does an adept job of researching and interviewing candidates.

The Chronicle Endorsements

To find a thorough explanation of each of the Chronicle endorsements go to www.houstonchronicle.com/opinion/endorsements/

The Texas Supreme Court of Criminal appeals

The Court of Criminal Appeals draws the line between individual liberty and government's police power. It has the duty of deciding between life and death. The *Houston Chronicle* endorses:

Place 2: Lawrence "Larry" Meyers, Democrat

Place 5: Scott Walker, Republican

Place 6: Robert Burns Democrat

Harris County Criminal Courts

"Voters should look for judges who can run an efficient court while maintaining their compassion." With those words the Houston Chronicle after study and an interview endorsed the following Criminal and Civil District Court candidates:

- 174th: Hazel B. Jones Democrat**
- 176th: Stacey W. Bond Republican**
- 177th: Ryan Patrick, Republican**
- 178th: Kelli Johnson, Democrat**
- 179th: Kristin Guiney, Republican**
- 337th: Renee Magee, Republican**
- 338th: Brock Thomas, Republican**
- 339th: Terri Jackson, Democrat**
- 351st: Mark Kent Ellis, Republican**

Civil District Courts:

- 151st: Mike Engelhart Democrat**
- 152nd: Robert K. Schaffer Democrat**
- 164th: Alexandra Smoots-Hogan Democrat**
- 65th: Debra Ibarra Mayfield Republican**
- 215th: Fred Shuchart Republican**
- 333rd: Joseph "Tad" Halbach Republican**
- 334th: Grant Dorfman Republican**

Harris Co.Criminal Court at Law #16

Darrell Jordan Democrat

Harris County Civil Court at Law 1

Clyde R. Leuchtag Republican

507th Family District Court

Alyssa Lemkuil Republican

Harris County Tax Assessor-Collector

Ann Harris Bennett independent

Harris County Sheriff

Ed Gonzalez Democrat

Railroad Commissioner

Mark Miller, libertarian

House of Representatives

Sen. Taylor and Reps. Bonnen (Dist. 34) and Paul (Dist. 129) have no opponents but our adjacent districts do and are endorsed.

District 23: Lloyd Criss Democrat

District 144: Mary Ann Perez Democrat

TRS Board Meets; TRS-Care Crisis Weighs Heavily on Hearts of Retirees

Tim Lee, Inside Line, 9-23-16

The Teacher Retirement System of Texas (TRS) Board of Trustees met in September for their quarterly meeting. During the meeting, long-time TRTA member and E.L. Galyean award recipient Tom Rogers provided sincere public comment as he spoke about his concerns for the TRS-Care retiree health insurance program.

Asking if there was any hope for a sustainable health care plan, Mr. Rogers emphasized that the original purpose of the TRS-Care Sustainability Study that was created in the summer of 2012 at the request of the Texas Legislature was **stability**.

"The purpose was to provide the Legislature and the teachers with a nine-option choice of possibilities for permanently financed health insurance. Presumably this was set for a meeting of the minds of both retirees and the Legislature," Rogers said.

Rogers commented that several options included plans for permanent or long-term funding, but that the emphasis in some other options was on saving money rather than anticipating future rising medical costs. During the next legislative session in 2013, none of the options presented in the study came to fruition, but TRS and the Legislature worked together to fund a temporary fix and focused on a long-term plan for the pension fund instead.

As our members may recall, the 83rd Legislative Session in 2013 marked the passage of Senate Bill 1458, which made the pension fund actuarially sound and allowed approximately 200,000 retirees to receive a cost-of-living increase.

By November 2014, expenses for TRS-Care were rising sharply and TRS updated their sustainability study. In the early spring of 2015, Representative John Otto, serving as Chairman of the Appropriations Committee, pledged that the Legislature would cover the TRS-Care shortfall of \$768 million and included this supplemental funding in House Bill 2.

“TRS-Care was again saved for the biennium through fiscal year 2017,” Rogers said.

Our members also know that in 2015, the Legislature created **an interim committee called the TRS-Care Study Group**. The legislative members named to this group are: Senators Joan Huffman (R-Houston) - Co-Chair, Jane Nelson (R-Flower Mound), and Craig Estes (R-Wichita Falls); and Representatives Dan Flynn (R-Canton) - Co-Chair, Trent Ashby (R-Lufkin), and Justin Rodriguez (D-San Antonio).

In association meetings, TRS Board meetings, and meetings of the interim committee, we have heard that health care costs are increasing rapidly, “but very little emphasis was given to the long-term stability of the prefunded options,” said Rogers. “In more recent presentations, retirees heard that those propositions that require larger sums of state dollars are essentially non-starters, that there is really no money available for any stable plan.”

TRS-Care funding is based on active teacher payroll, which grows much more slowly than the cost of health care. Because funding and costs do not match, TRS-Care has faced continual multi-million dollar shortfalls. “TRS must continually revamp their health care plan in order to keep any kind of health care coverage,” Rogers said.

Rogers stated that retirees are worried about how this crisis ultimately will be solved. They worry that they will lose choices and/or benefits, that there is no hope for continuing the plan as it exists today, and that there will be a continuing loss of benefits and increased costs.

Rogers feels that pre-funding options, those that are the most expensive to the Legislature but provide for a long-term plan to keep TRS-Care alive, must not be dismissed. “The legislators should be told the details of all of the sustainable propositions without prejudice,” Rogers said. Rogers hopes that the Legislature understands “that when it comes to retired teacher health care, you help now with a good health care plan or pay later with ER health costs.”

“I believe we should make it clear that although we’re only 27th in the nation for teacher salaries, we are first in taking care of our teacher retirees with one of the top retirement programs in the nation accompanied by a stable and reliable retirement health program!”

Since the end of the regular session in 2015, there has been one public meeting of the interim committee regarding the TRS-Care crisis. As of today, no recommendations have been made to address the projected \$1.3 billion funding shortfall facing the program. A report is expected from the committee sometime this fall.

TRTA is your voice on TRS-Care sustainability. We will provide every detail of this situation as it develops and give our expert analysis of the TRS-Care Study Group report as soon as it is released. TRTA members should be asking their legislators to make TRS-Care sustainability a priority when they return to Austin in January 2017. Without definitive action by the Texas Legislature, TRS-Care as we know it may no longer exist!

The following is an article that appeared in the February, 2015 *Legelog*. I reprint it because it remains a useful guide to the basic options for reforming TRS-Care funding that might be used by the next legislature. Review the April '16 *Legelog* [ccartnews.com] to see details of the interim committee’s only hearing so far.

TRS-Care Options as reviewed by TRS Director Brian Guthrie in 2015

The first option considers different ways to pre-fund TRS-Care, similar to how the pension trust is funded. This is a substantially expensive option,

and could result in a threefold increase from the state, actives, school districts and retirees. If only the state contribution of 1% increased, it would need to rise to at least 5%. Bear in mind that 1% of active teacher payroll equals nearly \$600 million per biennium, meaning an additional \$2.4 billion would be required from the state to fund this option. Pre-funding would require a commitment of at least 30 years from the state.

The second option details methods for pay-as-you-go, which is the current method of funding (a two-year fix). This includes everything from having only the state pay for it to spreading the cost among all stakeholders. [This plan costing \$768 million was used to fund TRS-Care through 2017 and could provide another 2-year fix costing over a billion by 2019.]

The third option includes methods for maintaining 10 years of solvency for TRS-Care. Pursuing this option possibly would require an additional \$8 billion from the state over the next 10 years. This option would also increase premiums to almost \$600 per month by 2024 for retirees under age 65 with 25 years of service.

The next several options look at shifting costs (to the retiree or dependent) and changing behavior.

Option 4, for example, would require the retiree to pay for the cost of insurance for anything above catastrophic coverage (TRS-Care 1). Premiums would increase in this scenario exorbitantly, to as high as \$616 for an individual or nearly \$1800 for a retiree and spouse. This potentially could deplete a retiree's entire annuity!

TRS Option 5 focused on mandating Medicare Advantage and Medicare Part D plans for Medicare-eligible participants. Representative Phelan asked if there has been any pushback from doctors and other medical providers on accepting the TRS Medicare Advantage plan. Guthrie said yes, particularly in rural areas. There are pockets of the state where Medicare Advantage plans are not accepted. Members could appeal the mandatory participation in the program if providers do not accept Medicare Advantage plans in their area. Savings of \$159 million could be achieved if

this option were put into place. TRS has done a great job developing a widely accepted and very benefit-rich Medicare Advantage option. It has been reported by TRTA members around the state, however, that considerably more work is necessary to expand Medicare Advantage acceptance by providers who may not want to accept our Aetna-based plan. Unfortunately, some other large provider networks around the state may have their own agenda to be the TRS-Care Medicare Advantage provider. In addition, other providers say they do not accept ANY Medicare Advantage plans, BUT may be part of a network that HAS agreed to take the TRS-Care Medicare Advantage plan. Often, though, provider office personnel do not understand this arrangement and tell retirees our plan is not accepted. This confusion must be addressed by TRS, as the Legislature seriously may consider mandatory Medicare Advantage. The next two options change the delivery of health care for the non-Medicare population. These options are generally not popular among retirees. One is a health reimbursement account (HRA), meaning the retiree would receive a stipend and use the funds to purchase their own health insurance on the federal exchange or private market. The stipend would equal approximately \$502 per month per retiree. Representative Van Deaver asked how retirees feel about this option, and Guthrie stated that it is not a popular one. This option is heavily dependent upon federal action on the Affordable Care Act (ACA). TRS-Care participants would be forced into the individual market and subjected to considerable cost uncertainties, reduced plan options, higher out-of-pocket costs, and even less member protection.

The final option is a consumer-directed health care plan, including disease management. These options are referred to as Accountable Care Organizations (ACOs) and generally are more applicable to the pre-65 population as a way to contain costs. An example is using the Austin Regional Clinic for all services, including primary care and specialists. This reduces choice for the member, forcing them into a specific network. This option is being tested in several areas of the state for TRS-Active Care, but results of effectiveness cannot be determined until it has been in place for a full year. This type of plan would be hard to create for rural areas....