

SUBJECT: Establishing a Joint Admission Medical Program

COMMITTEE: Higher Education — favorable, without amendment

VOTE: 7 ayes — Rangel, F. Brown, Farabee, Goolsby, J. Jones, Morrison, E. Reyna,
0 nays
2 absent — Uher, West

SENATE VOTE: On final passage, March 29 — 27-2 (Nelson, Shapiro)

WITNESSES: For — None
Against — None
On — Dr. Francisco Cigarroa, The University of Texas Health Science Center at San Antonio

DIGEST: SB 940 would add subchapter V to Education Code, ch. 51 to establish the Joint Admission Medical Program to:

- ! provide services to support and encourage highly qualified, economically disadvantaged students pursuing a medical education;
- ! award undergraduate and graduate scholarships and summer stipends to those students, and
- ! guarantee the admission of those students to at least one participating medical school, subject to certain conditions.

Joint Admission Medical Program Council. SB 940 would require eight participating medical schools to form the Joint Admission Medical Program Council, composed of one faculty member from each school. The bill would detail provisions for the council's composition, duties, and delegation of administrative functions. The council would have to recruit, evaluate, and select students for admission to the program, and match those students with internship programs, undergraduate mentoring programs, and participating medical schools.

Each year, the council would select at least two eligible undergraduate students who were enrolled as freshmen at each of 31 state-supported institutions of higher education. The council would have to allocate 10 percent of the total program openings on a rotational basis to private or independent institutions of higher education. The remaining program openings would be designated to state-supported universities in proportion to the average size of each institution's entering freshman class during the four-year period preceding the allocation.

Eligibility for program. To be eligible for admission to the program, an undergraduate student would have to:

- ! enroll at a state-supported, private, or independent institution of higher education not later than the first fall semester following the student's graduation from high school;
- ! be a Texas resident for purposes of tuition;
- ! successfully complete at least 15 semester credit hours during the fall semester of the student's freshman year;
- ! apply for admission to the program at the beginning of the spring semester of the student's freshman year; and
- ! meet certain academic and financial criteria established by the council.

A student would not be considered a Texas resident solely because the student was eligible to pay tuition at the resident tuition rate.

To be eligible for continued participation, an undergraduate student who was admitted to the program would have to meet criteria established by the council regarding courses taken and grade point average, progress in those courses, and an acceptable score on the Medical College Admission Test or any equivalent. The student would have to participate in internship programs and exhibit intelligence, integrity, and personal and emotional characteristics considered necessary to become an effective physician. The bill would state termination provisions if academic criteria were not maintained.

A student admitted to the program would have to enter into an agreement with the council to maintain eligibility for continued participation and to repay any scholarship or stipend received under the program, if the student

enrolled in a medical school in another state, other than a temporary exchange program.

Medical school and undergraduate school participation. Each participating medical school would have to enter into an agreement with the council to:

- ! set aside at least 10 percent of the medical school's enrollment capacity for each entering class and admit students who were matched to a medical school under the program;
- ! commit faculty and administrative resources to the program;
- ! provide internship and mentoring programs for participating students.

General academic teaching institutions, and private or independent institutions would have to enter into an agreement with the council to:

- ! provide academic counseling to a participating student,
- ! implement or expand appropriate degree programs to allow students sufficient preparation for the program, and
- ! select a faculty director to assist in implementation.

Also, private or independent universities would have to provide a scholarship to a participating student in the amount required for a student attending a state-supported institution of higher education, but not to exceed the amount of tuition and fees that the student was charged.

Nontraditional admission. If for any reason a participating medical school did not fill the percentage capacity for the program, the medical school would fill the remaining openings with economically disadvantaged students who:

- ! were 25 years of age or older;
- ! had been admitted to the medical school independently of the program;
- ! were referred by the medical school to the council and admitted to the program by the council; and
- ! were entitled to pay tuition at the rate provided for resident students.

Nontraditional students admitted to the program only would be subject to program benefits and requirements after their enrollment in a participating medical school.

Program funding. The council would be required to implement this bill only if the Legislature appropriated money specifically for that purpose. The council also could solicit and accept gifts and grants from any public or private source for the purpose of funding the program.

Program reporting requirements. Not later than December 31 of each even-numbered year, the council would deliver a report on the program to the governor, the lieutenant governor, and the speaker of the House, regarding:

- ! any problems with implementation,
- ! the expenditure of any received money, including Legislative appropriations, and
- ! the number of students who were admitted to the program and who were enrolled in an undergraduate program at a state-supported university, a private or independent institution of higher education, or a participating medical school, as applicable.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

**SUPPORTERS
SAY:**

SB 940 is needed to recruit capable students who otherwise might not have an opportunity to attend medical school. The state's eight medical schools would have to reserve at least 10 percent of their admissions to Texas undergraduate students who had all the credentials to become doctors except for their lack of financial resources. A total of 125 well-qualified, economically-disadvantaged undergraduates would be drawn from the state's 31 four-year universities each year. In addition to meeting all pre-med and MCAT requirements, these students would be provided mentoring and other programs to help ensure their success in medical school.

SB 940 would help increase the number of physicians in areas that currently are medically underserved. The best predictor of where a doctor will eventually practice is where the doctor considers home. Recruiting students

from rural and inner-city areas who otherwise would not have the financial resources to attend medical school could be the best way for the state to address physician shortages in these areas. Demographic projections indicate that in 30 years the state will have a greatly increased number of economically, socially, and academically-disadvantaged students. The Legislature can turn these numbers into a long-term asset, rather than a long-term liability, beginning with enactment of this bill aimed to increase the number of doctors areas where need is greatest.

**OPPONENTS
SAY:**

SB 940 could dilute academic standards. Some students may elect to attend state universities with the easiest four-year curriculum in order to ensure their medical school admission, which they might not be assured of through an academic institution with more difficult academic courses. Medical school is too important to skew admissions with quotas for particular students.

NOTES:

The Legislative Budget Board estimates that SB 940 would cost \$4.2 million in general revenue-related funds for fiscal 2002-03. It would cost an estimated \$9.3 million in general revenue-related funds during fiscal 2004-05. The estimated five-year impact to all funds from FY 2002 to 2006 would be \$19.7 million.