

WISCONSIN STATE  
LEGISLATURE  
COMMITTEE HEARING  
RECORDS

2003-04

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on  
Colleges and  
Universities  
(AC-CU)

(Form Updated: 11/20/2008)

**COMMITTEE NOTICES ...**

➤ Committee Reports ... CR

\*\*

➤ Executive Sessions ... ES

\*\*

➤ Public Hearings ... PH

\*\*

➤ Record of Comm. Proceedings ... RCP

\*\*

**INFORMATION COLLECTED BY COMMITTEE  
FOR AND AGAINST PROPOSAL ...**

➤ Appointments ... Appt

\*\*

Name:

➤ Clearinghouse Rules ... CRule

\*\*

➤ Hearing Records ... HR (bills and resolutions)

\*\* **03hr\_ab0066\_AC-CU\_pt01**

➤ Miscellaneous ... Misc

\*\*

## Vote Record

### Committee on Colleges and Universities

Date: 4/8/2003

Moved by: Balow  
Mzd-School

Seconded by: Pocan

AB 66 SB \_\_\_\_\_ Clearinghouse Rule \_\_\_\_\_

AJR \_\_\_\_\_ SJR \_\_\_\_\_ Appointment \_\_\_\_\_

AR \_\_\_\_\_ SR \_\_\_\_\_ Other \_\_\_\_\_

A/S Amdt ~~437~~ \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_

A/S Sub Amdt \_\_\_\_\_

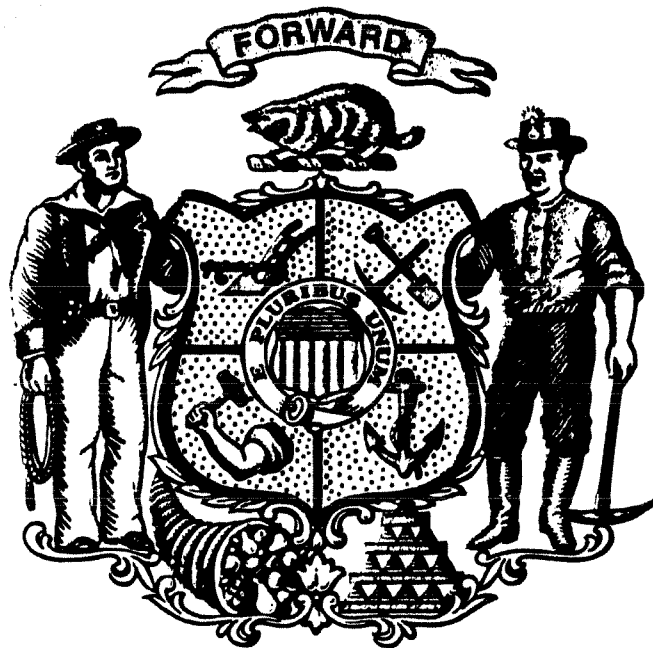
A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

A/S Amdt \_\_\_\_\_ to A/S Amdt \_\_\_\_\_ to A/S Sub Amdt \_\_\_\_\_

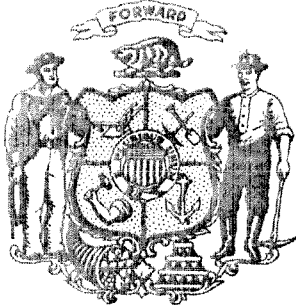
Be recommended for:

- Passage     Adoption     Confirmation     Concurrence     Indefinite Postponement  
 Introduction     Rejection     Tabling     Nonconcurrency

<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Representative Rob Kreibich	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Mark Gottlieb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Gregg Underheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Stephen Nass	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Suzanne Jeskewitz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Judy Krawczyk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Debra Towns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Jennifer Shilling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Mark Pocan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Larry Balow	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Spencer Black	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Marlin Schneider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals:</b>	<u>6</u>	<u>6</u>	_____	_____



WISCONSIN  
STATE  
ASSEMBLY



**S H E L D O N  
W A S S E R M A N**  
STATE REPRESENTATIVE

April 8, 2003

**Testimony of Representative Sheldon Wasserman  
Before the Assembly Committee on Colleges and Universities  
In Support of Assembly Bill 66**

Good morning, Chairman Kreibich, and committee members. I appreciate the chance to testify in favor of Assembly Bill 66 today.

I introduced Assembly Bill 66 because I believe that all applicants to medical school should be required to take the Medical College Admissions Test (MCAT). The MCAT is the mandatory benchmark for admission to 87% of the 126 accredited, M.D.-granting medical schools nationwide. It is a standardized, multiple-choice exam designed to assess problem solving, critical thinking and writing skills, in addition to the examinee's knowledge of science concepts and principles essential to the study of medicine. Over 95% of medical students in the United States take it every year as a means of acceptance to medical school.

According to the Association of American Medical Colleges, there are 42 accredited medical schools that offer what are commonly referred to as "combined college/M.D. programs" for high school students. Of these 42, 16 schools do not require program participants to take the MCAT. The UW Medical School is included in this list.

The UW Medical School's early admission program for high school students was created in 1981 and is called the Medical Scholars Program. Each year it offers conditional admission to up to 40 young people who are Wisconsin residents. To my knowledge all other applicants to the school are required to take the MCAT, however, concern has been expressed to me that there may be others who gain admission to the medical school without taking the test.

Regarding the Medical Scholars Program in particular, over my years teaching and working with pre-med and medical students and residents, I have consistently observed a strong animosity between regular-track medical students and medical scholars. The anger starts in college, continues in medical school and endures long after completing one's residency.

In 2001 my office conducted a survey of pre-med and first and second year medical students solicited through peer leaders on campus. The results showed that students both in and out of the program agree on one thing: nearly half of those questioned in each group said the rivalry between them is unhealthy. After a related newspaper article was published, I was inundated with telephone calls from parents and students who believe that the university is fostering an unfair class separation of "haves" and "have-nots" at the school.

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**(Page One of Two)**

**Rep. Wasserman, Page Two of Two**

I believe the most logical and straightforward means of leveling the playing field is to require all students to take the MCAT before commencing their first year of medical school. Given the competitive academic environment in among pre-med students, I think all of them would likely relish the challenge to prove their knowledge.

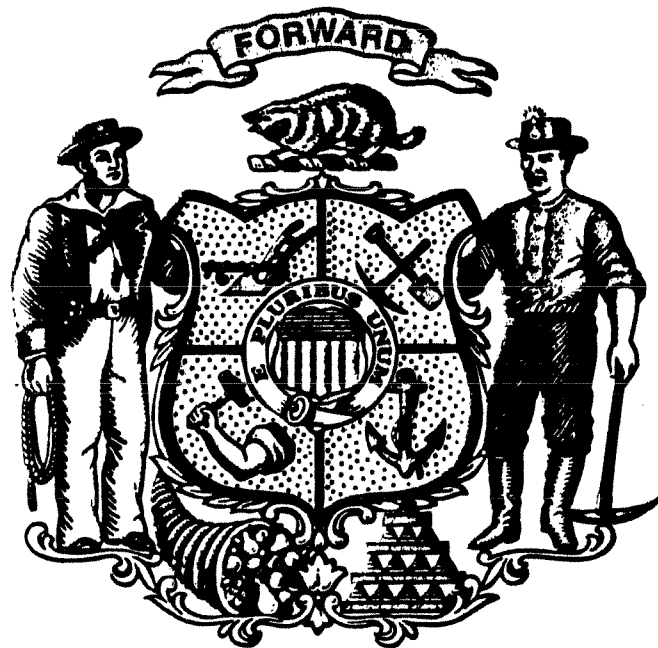
Requiring the MCAT across-the-board will help ensure that every person entering the UW Medical School is prepared for the rigors of medical school and beyond. As a practicing physician, I can tell you without reservation that there is nothing more important to a patient than being able to trust that their doctor has been fully qualified to oversee their health and well being.

Under the legislation individual admissions decisions remain at the discretion of the medical school. A specific score on the test is not required. However, the mean MCAT scores for entering medical school classes are calculated and publicized. If anyone performs poorly, it would raise a necessary red flag.

In closing, I would like to quote Jason Klovning, who contacted me while I was conducting the aforementioned 2001 survey. He wrote, "As a former medical scholar and now a medical student I (feel that) it is fundamentally unfair to award 35 to 40 positions per year on the basis of high school grades. If you are in need of a student...to balance the discussion I would be happy to lend my voice."

I think Jason would agree that passing Assembly Bill 66 would do much to increase admissions equity at the UW Medical School. It is a premier institution that will always attract the best and the brightest—even more so, I believe, with a uniform standard for admission.

Thank you for your consideration. I would be happy to answer any questions you may have.





UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

8 April 2003

Representative Robin Kreibich  
Chair, Colleges and Universities Committee

Dear Rep. Kreibich and Members of the Colleges and Universities Committee:

Thank you for the opportunity to testify today. We are here to testify in opposition to Assembly Bill 66 that would require students admitted to the Medical Scholars Program (MSP) to take the Medical College Admissions Tests (MCAT) as a requirement for matriculating into medical school. Students currently completing their undergraduate degrees as Medical Scholars are not required to take the MCAT as a part of the entrance requirement.

From an historical perspective, the Medical Scholars Program was begun in 1981 and was designed to attract high achieving high school students, with an interest in medicine, to pursue their 4-year undergraduate degrees at UW-Madison. There are currently about 30 similar programs around the country that have been inspired by the success of the UW Medical Scholars Program, and we're proud to have been emulated nationwide. Upon completion of their undergraduate degrees, the students can begin their medical training at UW-Madison. During their undergraduate training, the Medical Scholars must acquire the same prerequisite course experiences as medical students who are admitted via the regular application process and they must maintain a grade point average of 3.6. They are, however, excused from taking the MCAT exam. From its beginnings in 1981, through 2000, 235 Medical Scholars have graduated from the UW-Madison Medical School. Since its inception, the Medical Scholars Program has been recognized by the UW-Madison campus as a valuable tool for helping to keep the "best and brightest" Wisconsin high school students from leaving the state to attend other institutions of higher learning.

With respect to AB 66 that requires MSP students to take the MCAT exam, we do thank Representative/Dr. Wasserman for his continuing interest in the UW-Madison Medical Scholars Program and his continued support of advancing medical school education and health care. The proposal certainly has merit, and requiring each medical school applicant to take the MCAT is already under consideration for the future. If this plan were implemented, it could certainly change the face of the Medical Scholars Program, where the waiver of the requirement to take the MCAT is one of the major reasons for applying for the program. Medical Scholars, as a group, are involved in considerable numbers of research and other academic endeavors which traditional applicants likely do not have time to pursue. Requiring the MCAT would remove one of the major attractions of the program, and there would be little or no difference between students in a Medical Scholars Program and students who apply to medical school through the more traditional procedure.

Medical School Administration

Representative Robin Kreibich  
8 April 2003  
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In addition, requiring the MCAT could not be implemented until the Class of 2011 is being considered for admission to Medical School. The reason for this conclusion relates to the fact that all current Medical Scholars have already been conditionally admitted to Medical School before they began their undergraduate education at UW-Madison, and those students will be matriculating until 2006. The current group of applicants for the Medical Scholars Program have also been notified that their admission to Medical School will not be dependent upon taking the MCAT. Therefore, it will be the next group of MSP applicants that would be the first affected by AB66, i.e., the Medical School Class of 2011,.

Finally, in a larger sense, we're very concerned about any legislative action that attempts to manage an academic function of a UW System School or College and feel that legislative "micromanagement" might even jeopardize our Medical School accreditation in the future. I express this view because the decisions about entrance into medical school must be made by leaders and faculty at the U.S. medical schools, according to the standards of the Liaison Committee on Medical Education. More specifically, I think it is a mistake for the Wisconsin Legislature to become directly involved in issues pertaining to the Medical Scholars Program such as the proposed MCAT requirement. A brief review of history is illuminating in this regard. Currently, there is a statute that limits UW Medical School enrollment and it has become a problem for us, particularly in view of the projected serious shortage of physicians expected in the next 5-10 years. Our current perspective suggests that it was inappropriate to limit Medical School admissions and the size of the student body, and history may repeat itself with AB66. Therefore, we believe that it is poor public policy to limit our flexibility to respond to evolving needs and changing conditions in medical education and health care.

Again, we thank you for the opportunity to testify and also wish to thank Dr. Wasserman and the Assembly for your support of our academic programs.

Sincerely yours,



Philip M. Farrell, M.D., Ph.D.  
Alfred Dorrance Daniels Professor on Diseases of Children  
Dean, UW Medical School  
Vice Chancellor for Medical Affairs



The medical school must publicize to all faculty members and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action. There should be a fair and relatively formal process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond. A student's records must be available for review by the student, and the student must have the right and be given the opportunity to challenge the accuracy of the record. Student records must be confidential and should be made available only to members of the faculty and administration with a need to know, unless released by the student, or as otherwise governed by laws concerning confidentiality.

### **Academic Counseling and Career Guidance**

The chief academic officer and the directors of all courses and clerkships must design and implement a system of evaluation of the work of each student during progression through each course or clerkship. Each student should be evaluated early enough during a unit of study to allow time for remediation. Academic advising is an inherent responsibility of the teaching faculty. The system of academic advising for students must integrate the efforts of faculty members, course directors, and student affairs officers with the school's counseling and tutorial resources. The faculty and the chief academic officer must establish a system to assist students in selecting a future medical career and in developing a strategy for application to residency programs. This system should not permit disruption of a student's curriculum in general medical education by external pressures to make premature application to residency programs. Letters of reference or other credentials should not be provided until the fall of the student's senior year.

## **Medical Students**

### **Admissions**

Generally, students preparing to study medicine should be encouraged to acquire a liberal education in addition to completing any required course in science. It is recognized that some students will choose to study a specific field in depth, according to their personal interests and abilities.

Each medical school should restrict its premedical course requirements to those subjects it considers essential to provide the student with the academic preparation necessary for the satisfactory completion of the medical school curriculum. Ordinarily, three or more years of undergraduate education are necessary to complete the requirements for entrance into medical school; however, special programs may allow this to be reduced.

The faculty of each school should develop criteria and procedures for the selection of students, which should be published and available to potential applicants and to their collegiate advisors. To further the accomplishment of its purposes, each medical school should have policies and practices addressing the gender, racial, cultural, and economic diversity of its students. Medical schools must strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians.

While physical disability should not preclude a student from consideration for admission, each school should develop and publish technical standards for the admission of handicapped applicants, in accordance with legal requirements.

The selection of students for the study of medicine is the responsibility of the medical school faculty through a duly constituted committee. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty. There must not be any political or financial influence on the selection of students. All factors utilized in the selection process must be made public.

A medical school's publications, advertising, and student recruitment should present a balanced and accurate representation of the mission and objectives of the educational program. The catalog or equivalent informational materials must describe all courses offered by the school, a complete description of the requirements for the M.D. degree and all associated degrees, the most recent academic calendar for each of the curricular options available, a description of the admissions process, and the enumeration of criteria used in the selection of students.

There must be no discrimination on the basis of sex, age, race, creed or national origin. Compliance with both written and implied public policy must be assured. The student body should be drawn from a wide spectrum of economic backgrounds. Advanced standing may be granted to students for work done prior to admission.