My name is Megna Panchbhavi. I am a recent graduate of the University of Notre Dame, where I earned a 3.95 GPA and graduated cum laude. I will be starting medical school at Baylor College of Medicine this fall. As a lifelong Texas resident, I am deeply invested in the strength and reputation of Texas's medical education system. I am submitting this testimony in strong opposition to H.B. 5294.

I respectfully urge lawmakers to amend H.B. 5294 by striking the language that mandates all medical school coursework be graded on an A–F letter scale and prohibits the use of pass/fail grading. Instead, I recommend adopting language similar to Indiana's House Bill 1498, which requires a "merit-based evaluation system." This approach preserves academic rigor while granting medical schools the flexibility to implement evidence-based assessment methods tailored to clinical education.

As a highly competitive applicant, I was fortunate to receive offers from several top medical schools, including the Mayo Clinic Alix School of Medicine. I chose Baylor College of Medicine primarily because of its pass/fail preclinical curriculum, which emphasizes collaborative learning, mental well-being, and hands-on clinical skill development. If H.B. 5294 had been in effect during my application cycle, I likely would have chosen to leave Texas for a school in a state that allows for more modern, flexible, and student-centered education. This bill risks driving top talent away from Texas and diminishing the competitiveness of our medical institutions.

Furthermore, by reinstating A–F grading, the ability for Texan students to match into prestigious residencies and competitive specialties will potentially decline. Consider this likely hypothetical: imagine yourself as residency program director with two prospective candidates from similarly ranked schools, one from UTSW and one from Vanderbilt; both received identical 75% course scores, yet the Texan student receives the C and the one from Vanderbilt receives a P. Who appears stronger on paper? All else equal, the candidate with the pass will appear more competitive. Mandating letter grades places our students at a disadvantage, despite equal ability. This small change could significantly hurt Texas medical students in an increasingly competitive match process. Texan medical students – who will often stay in the state to become Texan doctors – cannot afford this; put simply, this state cannot afford it.

These students are not "unmotivated" or "slackers:" they represent the top tier of applicants, with MCAT scores in the 98th-100th percentile, near-perfect GPAs, publications in high-index journals, and thousands of volunteering and clinical hours. If this bill passes, I can say with near certainty that many of these students will choose Top 10 or 20 out-of-state institutions, even at a significant financial cost. Once they leave Texas, they are unlikely to return. As Aagaard et al. (2005) found, many physicians practice in the region where they complete their medical training. In a country already struggling with physician distribution, this bill would exacerbate the effects on Texas. Texas cannot afford to enact legislation that will drive talent away and reduce the future supply of homegrown doctors.

Pass/fail grading is not part of DEI policy and does not advantage or disadvantage any racial or demographic group. It is an evidence-based approach used by over 80% of U.S. medical schools, including Harvard, Stanford, and Mayo Clinic. Research has consistently demonstrated

that pass/fail grading:

- Reduces stress and burnout without compromising academic outcomes.[1]
- Improves collaboration and interpersonal skills essential to clinical training.[2] •

Enhances empathy and professionalism in future physicians.[3]

Furthermore, a 2023 study published in BMC Medical Education found that residents trained under a pass/fail system did not statistically differ in their performance compared to peers who underwent graded evaluations in their clinical years.[4]

Texas medical schools like Baylor, UT Southwestern, and Dell should be trusted to implement evaluation systems that are backed by data and designed for the needs of 21st-century medical education. Mandating letter grades will harm student wellness, hinder innovation, and undercut the preparation of future physicians.

I respectfully ask that you oppose H.B. 5294 in its current form and support an amendment that permits merit-based evaluation systems, allowing Texas medical schools the autonomy to train competent, compassionate, and clinically prepared physicians.

Thank you for your time and service to Texas.

Sincerely,
Megna Panchbhavi
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