

Carol Tweed, M.D.
HB 1388: IN FAVOR
March 27, 2024

I write this letter in strong favor of the Maryland Senate Finance Committee passing HB1388.

I am a physician practicing in Annapolis and Easton, MD. Specifically, I am a hematologist/oncologist. I specialize in the care of breast cancer, serving on national oncology research leadership committees, teaching Johns Hopkins medical students, and serving as editor for the National Cancer Institute's PDQ, amongst other non-clinical roles. Most importantly, I have cared for thousands of Maryland cancer patients, with compassion and clinical excellence and deep commitment.

In 2012, I moved to Annapolis to join an esteemed oncology group, employed at the time by Anne Arundel Medical Center (AAMC). In 2020, after requesting meetings with AAMC leadership regarding our ongoing requests for improvement in quality and safety of patient care in the AAMC service line, we were terminated. All nine of us, respected and trusted Annapolis oncologists, were terminated. We were served with letters advising of AAMC's plan to enforce our restrictive covenants (noncompete restrictions) and to prevent our "solicitation" of patients.

Acutely, our patients were affected. This bill, above all else, is about the patient experience.

This is the experience of frightened, medically complex patients, struggling to preserve or maintain life. They then lose their anchor, the physician that knows them, knows their goals, knows their family, knows their medical history. Suddenly, they cannot find their doctor. There's the patient on my doorstep in Davidsonville, with candy in one hand for my children as an apology for interrupting our family time, apologizing but scared they had no other way to find my new practice, because the hospital had taken legal action to prevent me from notifying them of my contact information after termination. There is the young woman with metastatic breast cancer, who died at AAMC without me by her side. Years of treatment and the promise that in this one moment, I would be there to palliate...all wiped away. There is the patient getting weekly chemotherapy treatments, driving two hours on the beltway, sick and fatigued, just to see me.

Finally, the hospital asserted that our noncompete restrictions also covered telemedicine. Not just that I could not perform telemedicine visits from a location within restricted zip codes, but also that if the patient resided in a restricted zip code, they could not do telemedicine from their home with me. Sick patients, during a pandemic, could not perform visits via telemedicine from their homes because of AAMC hospital legal threats. This was unprecedented; the notion of such patient, not just physician, restrictions was absolutely unprecedented.

These examples, these events — they represent eradication of patient choice. Eradication of patient quality of care. Eradication of patient safety. This bill is about the patients, not business.

Thank you. Please support HB 1388.
Carol Tweed, M.D.