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The Honorable Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
House of Delegates
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401
Joseline.pena.melnyk@house.state.md.us

RE: SUPPORT FOR HB 1388 LABOR AND EMPLOYMENT – NONCOMPETE AND CONFLICT OF INTEREST CLAUSES – VETERINARY AND HEALTH CARE PROFESSIONALS BILL

Dear Delegate Pena-Melnyk:

Ensuring Patient-Centered Care: The Case Against Non-Compete Clauses in Medicine

Introduction

I am a board-certified cardiologist and I have been in practice for 44 years. I have had the privilege of working in various practice settings throughout my career. I was in solo practice, a small group practice, I was a founder of a 55-member cardiologist group and I am currently an employed cardiologist working full time for St Joseph Hospital.

In those 44 years, I have never signed a non-compete, nor have I requested any physician who I hired to sign a non-compete.

I have always felt strongly that non-compete and no solicitation clauses are unethical as they interfere with the doctor/patient relationship.

In the field of medicine, the doctor-patient relationship is fundamental to providing high-quality healthcare. However, this relationship can be compromised by the presence of non-compete clauses that restrict a physician's ability to practice freely. This letter supports a bill that prevents non-compete clauses in medicine, emphasizing that this is not just a financial issue, but one that directly impacts patient care and the autonomy of physicians.

Importance of the Doctor-Patient Relationship

The doctor-patient relationship is built on trust, communication and mutual respect. These are strengthened over time. The longer the relationship, the stronger the bond. Patients should have the freedom to choose their healthcare providers based on personal preferences and needs. Non-compete clauses can disrupt this relationship by limiting patients' access to the physician of their choice, potentially leading to gaps in care and decreased patient satisfaction. The importance of patient's right to choose a physician and maintain that relationship cannot be overstated.

Impact on Patient Care

Non-compete clauses can have negative consequences for patient care by creating barriers to accessing timely and appropriate care. Patients may face challenges in receiving continuity of care if their physician is restricted from practicing in a certain area or with a specific healthcare organization. This can result in delays in treatment, increased healthcare costs and disruptions in the doctor-patient relationship. In addition, the enforcement of non-compete clauses, including non-solicitation, effectively prevents patients from being able to find the new location or practice of their physician.

Assumption of Ownership and Physician Autonomy

Non-compete clauses often operate on the assumption that a physician or healthcare organization "owns" the right to a patient. This assumption is based on a business theory that suggests organizations invest a great deal of money into individual physicians and, therefore, have a claim to their patient base. However, this notion is flawed. Most physicians establish an independent reputation within 6-12 months of starting their practice, and patients typically choose a doctor, not a system. In fact, a physician who has not built an independent practice based on their name may not be worth retaining.

Patient-Centered Approach

A bill that prevents non-compete clauses in medicine is crucial to promoting a patient-centered approach to healthcare. Patients should have the freedom to access the physician of their choice, and physicians should have the autonomy to practice in a manner that aligns with their values and professional ethics. By removing barriers to physician practice, we can uphold the principles of patient-centered care and strengthen the doctor-patient relationship.

Conclusion

In conclusion, non-compete clauses in medicine undermine patient care, physician autonomy, and the integrity of the doctor-patient relationship. It is essential to support a bill that prohibits non-compete clauses to prioritize patient needs and ensure that physicians can practice in a manner that best serves their patients. By advocating for the elimination of non-compete agreements, we can uphold the principles of patient-centered care and promote a healthcare system that prioritizes the well-being of patients and the autonomy of physicians, while respecting the importance of patient's right to choose a physician and maintain that relationship, without unnecessary barriers such as non-solicitation clauses.

Finally, each legislator has a physician. Imagine that after years of receiving care from him/her, you were denied convenient access to the physician, or worse; you were not given the appropriate contact information for maintaining that relationship. This is an experience that is occurring to patients multiple times a year. It needs to be stopped.

Sincerely,



Stephen H. Pollock, MD

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