



Kimberly Kirchmeyer, Executive Director
Medical Board of California
2005 Evergreen Street
Suite 1200
Sacramento, CA 95815-5401

Dear Ms. Kirchmeyer,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

In 2012, the American Board of Medical Specialties (ABMS) recognized Interventional Radiology as an independent specialty requiring “competence in imaging, image-guided minimally invasive procedures and peri-procedural patient care to diagnose and treat benign and malignant conditions of the thorax, abdomen, pelvis, and extremities.” Prior to this, vascular and interventional radiology (VIR) was considered a subspecialty of diagnostic radiology.

Today, the primary specialty of Interventional Radiology has a unique GME residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as a unique and independent board certification (the Interventional Radiology/Diagnostic Radiology (IR/DR) certificate) from the American Board of Radiology. The IR/DR certificate is one of four primary certificates offered by the ABR and is separate and distinct from a primary certificate in Diagnostic Radiology (DR). Newly certified IRs, as well as those previously holding both a DR primary certificate and an IR Certificate of Added Qualifications, began receiving IR/DR certification on October 15, 2017.

SIR members have let us know that in California they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the California medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Darren R. Covington, JD, Board Director
Medical Licensing Board of Indiana
402 W. Washington St.
Room W072
Indianapolis, IN 46204-2298

Dear Mr. Covington,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Indiana they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the Indiana medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Michael S. Rodman, Executive Director
Kentucky Board of Medical Licensure
310 Whittington Parkway
Suite 1B
Hurstbourne Office Park
Louisville, KY 40222-4927

Dear Mr. Rodman,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Kentucky they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the Kentucky medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Vincent A. Culotta, Jr, MD, Executive Director
Louisiana State Board of Medical Examiners
P.O. Box 30250
New Orleans, LA 70190-0250

Dear Mr. Culotta,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Louisiana they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Louisiana medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Dennis E. Smith, JD, Executive Director
Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137

Dear Mr. Smith,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Maine they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Maine medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Kenneth E. Cleveland M.D., Executive Director
Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive
Suite 200B
Jackson, MS 39216

Dear Mr. Cleveland,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Mississippi they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Mississippi medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Ian Marquand, Executive Director
Montana Board of Medical Examiners
P.O. Box 200513
Helena, MT 59620-0513

Dear Mr. Marquand,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Montana they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Montana medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Penny Taylor, Board Administrator
New Hampshire Board of Medicine
121 S. Fruit Street
Suite 301
Philbrook Building
Concord, NH 03301-2412

Dear Ms. Taylor,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in New Hampshire they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the New Hampshire medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



William V. Roeder, JD, Executive Director
New Jersey State Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625-0183

Dear Mr. Roeder,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in New Jersey they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the New Jersey medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Victoria Marx".

M. Victoria Marx, MD, FSIR
President



Margaret B. Hansen, PA-C, MPAS, CMBE, Executive Director
South Dakota Board of Medical and Osteopathic Examiners
101 N. Main Avenue
Suite 301
Sioux Falls, SD 57104

Dear Ms. Hansen,

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SIR members have let us know that in South Dakota they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the South Dakota medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Maegan Carr Martin, JD, Executive Director
Tennessee State Board of Medical Examiners
665 Mainstream Drive
Nashville, TN 37243-0001

Dear Ms. Martin,

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SIR members have let us know that in Tennessee they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Tennessee medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



David K. Herlihy, Esq., Executive Director
Vermont Board of Medical Practice
108 Cherry Street
P.O. Box 70
Burlington, VT 05402-0070

Dear Mr. Herlihy,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Vermont they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



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We ask you to update the Vermont medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



William L. Harp, MD, Executive Director
Virginia Board of Medicine
9960 Mayland Drive
Suite 300
Perimeter Center
Henrico, VA 23233-1463

Dear Mr. Harp,

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SIR members have let us know that in Virginia they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the Virginia medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Frank B. Meyers, JD Executive Director
District of Columbia Board of Medicine
899 North Capitol St. NE
1st Flr
Washington, DC 20002

Dear Mr. Meyers,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

In 2012, the American Board of Medical Specialties (ABMS) recognized Interventional Radiology as an independent specialty requiring “competence in imaging, image-guided minimally invasive procedures and peri-procedural patient care to diagnose and treat benign and malignant conditions of the thorax, abdomen, pelvis, and extremities.” Prior to this, vascular and interventional radiology (VIR) was considered a subspecialty of diagnostic radiology.

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SIR members have let us know that in Washington DC they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the Washington DC medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President



Kevin D. Bohnenblust, JD, CMBE, Executive Director
Wyoming Board of Medicine
130 Hobbs Avenue
Suite A
Cheyenne, WY 82002

Dear Mr. Bohnenblust,

The Society of Interventional Radiology (SIR) is the national physician specialty organization with over 7,000 members representing Interventional Radiologists in the US. Interventional Radiology (IR) is an innovative specialty that uses imaging guidance to perform minimally invasive procedures on almost every organ system and has developed techniques to treat diseases ranging from liver cancer to uterine fibroids. Interventional radiologists are clinical physicians who serve a critical role in caring for the sickest patients.

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SIR members have let us know that in Wyoming they are unable to select Interventional Radiology as their primary practice area. This is particularly important given the highly clinical and procedural nature of the specialty, which is as different from diagnostic radiology as it is from other primary specialties. IRs are being denied admission to insurance networks simply because the state licensing database has not been updated to show IRs as a primary specialty. Unless an IR can designate him or herself correctly, networks may believe they have a satisfactory complement of physicians when they are actually limiting patient access to interventional radiologists.



Furthermore, patients who seek IR care are confused when their physician is listed incorrectly as a diagnostic radiologist, yet the patient is scheduled for an invasive procedure or clinical evaluation.

We ask you to update the Wyoming medical board licensing options to allow licensees to designate Interventional Radiology as their primary practice area.

Thank you for the opportunity to provide this input to your Board. If SIR can provide additional information please do not hesitate to contact Susan Sedory, SIR's Executive Director, at (703) 691-1805, or ssedory@sirweb.org.

Sincerely,



M. Victoria Marx, MD, FSIR
President