**NEI Operational Net reflects $7.4 M transferred back to NIH Central of SOCA funding.**

**NEI Operational Net reflects $6.9 M transferred back to NIH Central of SOCA funding and Secretary transfer.**

**Studies of Ocular Complications of AIDS (SOCA) funding.**

*NEI appropriated amount is net of $36 M in sequester cut and $3.9 M Secretary transfer.*

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**NIH**

**NEI**

**OPERATIONAL NET:**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Enacted Budget</th>
<th>Operating Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2014</td>
<td>$657.1 M</td>
<td>+3%</td>
</tr>
<tr>
<td>FY2015</td>
<td>$682.1 M</td>
<td>+3%</td>
</tr>
<tr>
<td>FY2016</td>
<td>$715.9 M</td>
<td>+6.6%</td>
</tr>
<tr>
<td>FY2017</td>
<td>$732.6 M</td>
<td>+6.2%</td>
</tr>
</tbody>
</table>

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**NAEVR ADVOCACY**

**NAEVR Submits Testimony, Highlights Need for Robust NEI Funding**

On April 23 and May 24, respectively, NAEVR submitted written testimony to the hearing files of the LHHS Appropriations Subcommittees of the House and Senate. NAEVR thanked Congress for the total $7 billion NIH and $96 million NEI increases in fiscal years 2016 through 2018 and requested NIH funding of $39.3 billion, reflecting a $2 billion increase plus the $215 million for the NIH Innovation Fund, as set forth in the 21st Century Cures Act to fund special initiatives.

Recognizing NEI’s 50th anniversary, NAEVR requested NEI funding at $800 million. Per the top graphic, NAEVR emphasized that, despite the recent increases, NEI’s FY2018 enacted funding of $772.3 million is just ten percent greater than the pre-sequester FY2012 funding level of $702 million. Averaged over six fiscal years, the 1.6 percent annual growth rate is less than the average annual biomedical inflation rate of 2.8 percent, thereby eroding purchasing power, as seen in the lower graphic. In terms of Research Project Grants (RPGs)—which at NEI are primarily R01 investigator-initiated initiatives—in FY2017 NEI had 130 fewer RPGs (1,157) than the 1,287 RPGs at the high-water mark in FY2004 at the end of the NIH doubling effort.

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**NAEVR Comments on House and Senate LHHS Bills**

After the House LHHS Subcommittee’s June 15 markup, NAEVR commended leaders for the $1.25 billion NIH increase, which was especially significant in light of the inadequate spending allocation the Subcommittee received. NAEVR expressed concern that the $9.2 million or 1.2 percent NEI increase did not keep pace with inflation, resulting in a loss of purchasing power. NAEVR’s concern echoed that of Ranking Member DeLauro, who acknowledged in the markup that more than twenty I/Cs would receive increases of 1.2 percent or less.

After the Senate LHHS Subcommittee’s June 28 markup, NAEVR commended leaders for the $2 billion NIH increase and for the greater-than-inflationary $24.6 million or 3.2 percent NEI increase. In subsequent advocacy, NAEVR has urged Congress to finalize FY2019 appropriations at the Senate’s proposed numbers.

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**Focus on Research**

NAEVR’s James Jorkasky was pleased to participate in member organizations’ sessions that focused on vision research funding opportunities.

On July 9, the American Optometric Association Council on Research held an Optometric Research Summit entitled A Vision for the Future of Optometric Research, the goal of which was to develop a five-year plan to broaden participation in and promotion of research within the profession.

The July 18 Prevent Blindness Focus on Eye Health National Summit featured a panel entitled Promising Practices Emerging from NEI Partnerships, since the meeting honored 50 years of NEI leadership.

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**NAEVR recognizes John Brabyn, PhD, Executive Director of the Smith Kettlewell Eye Research Institute, for his written testimony opposing the President’s proposed move of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) from the Administration for Community Living (ACL) in the Department of Health and Human Services to the NIH. In his comments, Dr. Brabyn emphasized that NIDILRR, which supports more than $2 million in vision research, “has an applied research focus with model programs to address and help the population of people with existing disabilities, while the NIH is organized to foster basic research. This different focus, target population, and program structure is fundamentally incompatible with the NIH model, and the practical impacts on people with disabilities would inevitably be diluted if not lost altogether.” The House and Senate LHHS bills reject this move.

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**Image far left, left to right:** Jinan Saadinne, MD (Centers for Disease Control and Prevention, CDC); Felix Barker, OD (Joint DOD/VA Vision Center of Excellence); NEI’s Michael Steinmetz, PhD, Anne Schaffner, PhD, and Don Everett, MA; Leon Rozenblit, JD, PhD (Prometheus Research); and James Jorkasky

**Image left, left to right:** Cynthia Toth, MD (Duke University Eye Center) and member of ARVO’s “Telling the Story of Optical Coherence Tomography (OCT)” Steering Committee, spoke about public/private partnerships expanding OCT development and patient applications; Chief Scientific Officer Stephen Rose, PhD (Foundation Fighting Blindness) spoke about how the private sector leverages NEI discoveries; James Jorkasky moderated the panel; and NEI’s Dr. Michael Steinmetz spoke about NEI partnerships within the NIH and with federal agencies.