As reported in my end-of-year email, NAEVR was deeply engaged with the 109th Congress up to its adjournment on December 9, 2006, when it passed the National Institutes of Health (NIH) Reform Act of 2006, which reauthorizes the NIH. Although this legislation is detailed in the next story, NAEVR and the medical research community can claim significant victories in revising initial legislative drafts such that the final bill:

- Maintains budget lines for individual Institutes/Centers, including the National Eye Institute (NEI)
- Maintains the appropriators’ oversight role, especially in seeking recourse on funding issues or NIH structural changes
- Creates a “Congressional mandate” to fund NIH at significantly higher levels

This legislation could not have been accomplished without the leadership and desire to compromise exhibited by 109th Congress authorizers—House Energy & Commerce Chair Cong. Joe Barton (R-TX) and Ranking Member Cong. John Dingell (D-MI) and Senate Health, Education, Labor and Pensions (HELP) Committee Chair Sen. Mike Enzi (R-WY) and Ranking Member Sen. Ted Kennedy (D-MA)—as well as Senate appropriations leaders Sen. Arlen Specter (R-PA) and Sen. Tom Harkin (D-IA). They developed a productive partnership that we hope continues through the three-year term of the reauthorization.

NAEVR Executive Director James Jorkasky and Legislative Counsel John Porter worked tirelessly with key Hill leaders/staff and medical research advocacy colleagues to present cogent, consistent reasons as to why key draft provisions could ultimately harm research. As John has said, NAEVR’s proactive, credible stance on this issue significantly raised the Alliance’s profile on Capitol Hill—and most significantly, that of the value of vision research conducted at the NEI.

Regarding the latter, Jim presented NEI accomplishments (such as the NEI/FDA Ophthalmic Clinical Endpoints meeting, detailed in this report) in terms of NIH Director Dr. Elias Zerhouni’s overall goals such that he received a commendation letter from the NIH.

With Fiscal Year 2007 appropriations still not finalized, and the FY2008 budget/appropriations process forthcoming, NAEVR is using the goodwill it has established to urge a “plus-up” of FY2007 NIH funding, even if a year-long funding Continuing Resolution is enacted. NAEVR’s message was echoed by researchers participating in the January 19 ARVO Advocacy Day, detailed in this report, and will be enhanced further when Dr. Neil Bressler addresses Members of Congress and their staffs at the January 31 NAEVR Welcome Reception for the 110th Congress.

I appreciate your commitment to NAEVR/AEVR in 2007 and look forward to working with all network members.

— Stephen J. Ryan, M.D.
Doheny Eye Institute
NAEVR/AEVR Boards President
sryan@doheny.org

Sen. Tom Harkin (D-IA), 110th Congress Chair of the Senate LHHS Appropriations Subcommittee, Dr. Ryan and Sen. Barbara Boxer (D-CA), Chair of the Environment and Public Works Committee
As in past years, the timing of the Association for Research in Vision and Ophthalmology’s (ARVO) January Program Committee meeting enabled an Advocacy Day of nearly 30 visits by researchers early in the legislative session—one of the first conducted by any organization with the 110th Congress. Several researchers were from key states/districts with new Members of Congress, while others met with Members who had recently assumed key leadership positions. For example, ARVO Executive Vice President Dr. Paul Kaufman met with the offices of Cong. David Obey (D-WI), Chair of the House Appropriations Committee/LHHS Subcommittee, and Sen. Herb Kohl (D-WI), Chair of the Senate Special Committee on Aging. The researchers had a two-part message—Congress should increase NIH/NEI funding in the FY2007 and 2008 cycles and complete the appropriations process on a timely basis so that research is not jeopardized by delays in grant awards (see Appropriations story).

Participants included (from left to right) Dr. Carol Toris (University of Nebraska Medical Center); Dr. Erik van Kuijk (University of Texas Medical Branch/Galveston); Dr. Jody Summers Rada (University of Oklahoma Health Science Center); Dr. Paul Kaufman (University of Wisconsin at Madison); ARVO Executive Director Joanne Angle; Dr. Valerie White (Vancouver General Hospital); Dr. Ron Adelman (Yale University School of Medicine); and Dr. Claude Burgoyne (Devers Eye Institute). Not pictured: Dr. Linda McLoon (University of Minnesota).

ARVO Researchers Emphasize Amount and Timeliness of NIH/NEI Appropriations in Advocacy Day

Participants included (from left to right) Dr. Carol Toris (University of Nebraska Medical Center); Dr. Erik van Kuijk (University of Texas Medical Branch/Galveston); Dr. Jody Summers Rada (University of Oklahoma Health Science Center); Dr. Paul Kaufman (University of Wisconsin at Madison); ARVO Executive Director Joanne Angle; Dr. Valerie White (Vancouver General Hospital); Dr. Ron Adelman (Yale University School of Medicine); and Dr. Claude Burgoyne (Devers Eye Institute). Not pictured: Dr. Linda McLoon (University of Minnesota).

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Early on December 9, 2006, the 109th Congress adjourned after passing several important pieces of legislation, including the National Institutes of Health Reform Act of 2006 to reauthorize NIH for the first time since 1993, which was signed by the President on January 15, 2007.

The final bill represented several Senate-generated “improvements” over HR 6164, passed by the House with overwhelming bipartisan support in late September, which was endorsed by NAEVR. These improvements—in response to the medical research advocacy community, including NAEVR—were generated by Senate appropriators and driven by Senate Health, Education, Labor, and Pensions (HELP) Committee Ranking Member Sen. Ted Kennedy (D-MA), in negotiations with Committee Chair Sen. Mike Enzi (R-WY) and House Energy and Commerce (E&C) Chair Joe Barton (R-TX).

The final bill retains the significant role of the appropriators in specifying line item budgets for the Institutes and Centers, the Office of the Director and of the newly created “common fund” for trans-Institute research, which will grow to five percent of the overall NIH budget. Both the authorizers and appropriators will play an active role in oversight of the expanded discretion provided to the NIH Director, including review of any management or structural changes recommended by the newly created Scientific Management Review Board.

NAEVR sent letters of appreciation to the Senate HELP/House E&C Committee and Senate/House LHHS Appropriations Subcommittee Members and staffs, offering to support the authorized funding increases and assist in implementation. NAEVR also congratulated NIH Director Dr. Elias Zerhouni, noting that the November 28-29, 2006, NEI/FDA meeting (see accompanying story) was a timely example of NIH collaboration with other federal health entities—specifically the Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC)—required in new reports to Congress.

Full details appear in the NAEVR Web site Advocacy Center’s dedicated section on NIH Reauthorization.

On November 2, 2006, NAEVR Legislative Counsel John Porter was a featured speaker at an NIH Extramural Staff training session entitled What’s Up, Doc? Communicating Health Research Progress, where he addressed how Congress stays informed about science and biomedical research issues. This session is just one example of NIH Director Dr. Zerhouni’s efforts to ensure that program directors are prepared to communicate the value of research. NAEVR worked closely with NEI’s Dr. Grace Shen, the session chair, to engage Mr. Porter.
Before adjourning on December 9, the 109th Congress passed a Continuing Resolution (CR) to fund non-defense, non-homeland security government programs until February 15, 2007—meaning that LHHS programs such as NIH/NEI are funded at the FY2006 level. Although this level is higher than that in the unpassed FY2007 House bill (see funding chart), the uncertainty of a final funding level creates major delays in NEI grant awards. Additionally, NIH Director Dr. Zerhouni has suspended any inflationary increase to existing grants to ensure adequate dollars for new investigator-initiated grants.

New 110th Congress Appropriations Committee Chairs Sen. Robert Byrd (D-WV) and Cong. David Obey (D-WI) have expressed an intention to pass a year-long CR to fund most domestic programs, including LHHS. Although the Democratic leadership has traditionally supported LHHS programs as a priority, it faces a variety of significant, competing funding requests, as well as a campaign promise to control spending and reduce the deficit.

With its medical advocacy colleagues, NAEVR has called upon appropriations leaders to “plus-up” NIH funding—even if a year-long CR is passed. In a January 9 letter, Dr. Ryan urged these leaders to champion an FY2007 NIH increase “especially due to the strong statements made in the Senate and House Budget Resolutions to add $7 billion for LHHS programs and the mandate to increase NIH funding in the recently passed reauthorization bill.”

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<th>FY2006 ACTUAL</th>
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*Programmatic level, inclusive of one-time expenses and transfers

Dr. Jason Ng (University of California at Berkeley School of Optometry) sends an email urging Congress to increase NIH/NEI funding from the NAEVR “Contact Congress” booth at the December 7-10 American Academy of Optometry Annual meeting.
Defense Vision Research Affected by Potential Year-Long Funding Resolution

 Defense health research funding for FY2007, under jurisdiction of the House Military Quality of Life Subcommittee, could also be subject to a year-long Continuing Resolution. In that case, vision research's eligibility for funding under the Department of Defense's (DOD) Congressionally-directed Medical Research Program (CDMRP)—which NAEVR obtained in FY2006—would remain for FY2007, barring any 110\textsuperscript{th} Congress earmark reform legislation that could affect such listings.

 With the recent reorganization of the House Appropriations Committee in the 110\textsuperscript{th} Congress, defense health will be moved back into Defense Appropriations and under the jurisdiction of Subcommittee Chair Cong. John Murtha (D-PA) and Ranking Member Cong. Bill Young (R-FL), with whom NAEVR has worked closely in the past on appropriations.
House Passes Stem Cell Bill, But Not By Veto-Proof Majority

As part of its “first 100 hours” strategy, the Democratic leadership introduced House and Senate versions of the Stem Cell Research Enhancement Act (HR 3 and S 5), which are essentially the same bills passed in the 109th Congress to expand the Administration’s embryonic stem cell policy that were vetoed by the President. On January 11, the House passed the bill 253-174, short of the 290 votes needed to override a Presidential veto. House bill sponsor Cong. Diana DeGette (D-CO) stated that, “…we are going to come back time after time until the bill passes.” Senate action is imminent, and Senate LHHS Appropriations Subcommittee Chair Sen. Tom Harkin (D-IA) has announced that he would attach a stem cell bill to FY2008 LHHS appropriations should stand-alone legislation be vetoed by the President.

NAEVR has communicated frequently with House stem cell bill sponsors, including meetings by Dr. Ryan with Jed Perry in Cong. DeGette’s (D-CO) office and Elizabeth Wenk in Cong. Castle’s (R-DE) office. Both Members also serve as Diabetes Caucus co-chairs and have supported past AEVR briefings on the NEI-funded Diabetic Retinopathy Clinical Research Networks.
The Vision Community Observes Key Discussions at the NEI/FDA Ophthalmic Clinical Trial Design and Endpoints Symposium

On November 28-29, 2006, the NEI and the FDA hosted a collaborative symposium entitled *Ophthalmic Clinical Trial Design and Endpoints* to discuss outcomes variables and clinical trial strategies for evaluating new treatments for age-related macular degeneration (AMD), diabetic retinopathy and other eye diseases. More than 250 attendees from the vision community served as “observers” to the roundtable discussions, which included representatives from NEI, FDA, CMS, CDC, academia and industry. Although the symposium did not decide policy, it provided a forum for discussion of important questions on the topics of: visual acuity parameters as outcomes measures; endpoints for diabetic retinopathy; study design and endpoints for “wet” and “dry” AMD; and post-marketing drug surveillance.

Keynote speaker Stephen Ryan, M.D., (Doheny Eye Institute/University of Southern California) commented on the need for more efficient and cost-effective clinical trials, which is a goal of both NIH Director Dr. Elias Zerhouni and FDA Commissioner Dr. Andrew von Eschenbach. “This is especially important in ophthalmology,” stated Dr. Ryan, “since new technologies (e.g., imaging) are enabling better quantitative measurement of outcomes, which subsequently expedites the translation of clinical trials into improved practice patterns. Dr. Ryan concluded that it is patients who will ultimately benefit from the collaborative federal investment in research, as the more quantitative the treatment outcomes are, the faster they will be adopted into clinical practice.

NAEVR Executive Director James Jorkasky emphasized this latter point. “The recently passed House NIH reauthorization bill that is now under review by the Senate HELP Committee requires NIH to report on its collaborations with other health-related federal entities. I am pleased that NEI can be recognized as a leader with FDA in this regard, as well as in its trans-Institute collaborative research within the NIH.” He added that key Congressional authorizers and appropriators with jurisdiction over the NIH and FDA were apprised of this meeting.

The NEI/FDA Symposium emerged from a series of NAEVR-led meetings of representatives of the vision community with the FDA’s Center for Drug Evaluation and Research (CDER). The community wanted to ensure the timely approval of new products emerging from NEI-sponsored research.
Contributor Report

**NAEVR Welcome Reception for the 110th Congress**
Wednesday, January 31, 2007
5:30 – 7:30 pm, Rayburn Foyer

**Co-Hosts**
- The Honorable Anna G. Eshoo (D-CA)
- The Honorable James Walsh (R-NY)

**Featured Speaker**
Dr. Neil Bressler (Wilmer Eye Institute/Johns Hopkins)

Look for full coverage of this event at [www.eyeresearch.org](http://www.eyeresearch.org)
Contributor Report

NAEVR Participates in Vision Community Events

American Academy of Ophthalmology (AAO) Annual Meeting

Left AAO’s Norm Lanphere, Dr. Tim Steinemann (Metro Health Medical Center/Case Western Reserve University), NAEVR Executive Director James Jorkasky and Dr. Walter Stark (Wilmer Eye Institute/Johns Hopkins), a NAEVR Board member. Dr. Steinemann chairs the AAO Committee for Research, Regulatory and External Scientific Relations, which works closely with NAEVR on advocacy.

Far Left Dr. Hugh Taylor (Centre for Eye Research Australia), who provided a keynote address, discussed his work in characterizing the economic impact and cost of vision loss in Australia. This groundbreaking effort serves as a model for other countries, including the United States. A NAEVR priority for 2007 is determining the cost effectiveness of the federal investment in vision research at the NEI.

American Academy of Optometry Annual Meeting

Above left Dr. Melvin Shipp (Ohio State University School of Optometry) joins speakers Dr. Rohit Varma (Doheny Eye Institute/University of Southern California) and Michael Duenas (CDC’s Vision Health Initiative) who were featured in a luncheon entitled Challenges and Opportunities in Providing a Lifetime of Eye Care to the Underserved. Dr. Varma has spoken at an AEVR Capitol Hill Briefing on the NEI-funded Los Angeles Latino Eye Study (LALES).

Above right The American Optometric Association’s Dr. John Whitener and National Advisory Eye Council (NAEC) member Dr. Earl Smith, III, (University of Houston College of Optometry)

2006 Pisart Vision Award Dinner/ Lighthouse International

Above Lighthouse Board Chair Roger Goldman and CEO Dr. Tara Cartes with 2006 Pisart Award winner Dr. Eli Peli (Schepens Eye Research Institute), who is accompanied by Dr. Elliot Berson (Massachusetts Eye and Ear Infirmary). NAEVR’s James Jorkasky serves on the jury for the Pisart Award, which recognizes individuals who have made significant contributions to the prevention, cure or treatment of severe vision impairment or blindness.