On February 4, President Bush released the FY2009 budget proposal, which would flat fund the NIH at the FY2008 programmatic level of $29.2 billion. The proposed number of competing research project grants (RPGs) in FY2009 will decrease by 14 to 9,757, but the total number of RPGs will increase by 18 to 38,257. The success rate is estimated to decrease by one percent to 18 percent, the lowest point in almost thirty years. The budget would continue to have a separate line item for the NIH “common fund” for trans-Institute research, funding it at $534 million, an increase of $34 million over FY2008 and representing 1.8 percent of the NIH budget.

On March 5, NIH Director Dr. Elias Zerhouni is scheduled to testify before the House LHHS Appropriations Subcommittee on the FY2009 NIH budget.

Despite the outcome, NAEVR expressed its appreciation to the LHHS Appropriations Subcommittee Chairs—Cong. David Obey (D-WI) in the House and Sen. Tom Harkin (D-IA) in the Senate—for their leadership in championing increases for medical research in the face of competing priorities.

On December 20, 2007, after Congressional passage of the FY2008 Consolidated Appropriations Act (HR 2764), NAEVR issued a statement expressing disappointment in the omnibus bill’s flat funding for the NEI and most other Institutes/Centers within NIH. NAEVR emphasized that this is actually a net 3.6 percent decrease in the NEI’s purchasing power when biomedical inflation is factored in, and with the 14 percent loss in purchasing power experienced over the past four funding cycles, represents an almost 18 percent loss in purchasing power since the NIH budget doubling ended in FY2003.

Although the bill did provide a minimal increase for NIH—less than one percent—it fell far short of matching inflation. Congress had passed a bipartisan-supported LHHS Conference Agreement (HR 3043) in early November that provided a $900 million or 3.1 percent net increase for NIH and a $17 million or 2.5 percent increase for the NEI. Unfortunately, Congress could not sustain this funding level as it was unable to override the President’s veto of the bill, which exceeded the proposed FY2008 budget that essentially froze domestic spending.

NEI stated that it will fund RPGs at a total of $417.7 million, providing no inflationary increases in noncompeting awards and no increase in average cost for competing RPGs. This reflects 1,039 RPGs in FY2009, with noncompeting RPGs increasing by 29 awards or $15.3 million and competing RPGs decreasing by 44 awards or $16 million. In the CJ, NEI cites key research in ocular genetics (including gene variants associated with AMD), the mechanism of lens transparency, and factors that prevent damage to the optic nerve.

At a February 4 briefing on the FY2009 budget, NIH Communications Director John Burklow released an updated compilation of all NIH fact sheets on the value of research, including those from NEI on Macular Degeneration, Glaucoma, Diabetic Retinopathy, and Amblyopia. These are posted on the NIH Web site’s Research Results for the Public section.

**Proposed FY2009 Budget to Flat Fund NIH, Provide Minimal Increase for NEI**

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The FY2009 budget would fund NEI at $667.8 million, an approximate $650,000 over the FY2008 level. In its Congressional Justification (CJ), the

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* For FY2009 NIH, equates to $29.2 billion program level with HIV/Global AIDS funding included.

**NAEVR Scorecard ISSUES**

Flat FY2008 NEI Funding Threatens Vision Research, Nation’s Vision Health

NAEVR’s James Jorkasky, who serves on the Steering Committee of the Ad Hoc Group for Medical Research (a special program of the American Association of Medical Colleges) joined colleagues in meetings with several Institute Directors—including NEI Director Dr. Sieving—to better understand research challenges. Left to right: Karen Hendricks (American Academy of Pediatrics), David Moore (Ad Hoc Group for Medical Research), Dr. Sieving, James Jorkasky, and Jon Retzlaff (Lewis-Burke Associates).