President’s Message
2005 Scorecard and 2006 Forecast

NAEVR’s and AEVR’s year-end advocacy and educational campaigns regarding the value of vision research are fully detailed within this report. Our community had a significant presence, thanks to NAEVR Executive Director James Jorkasky, Legislative Counsel John Porter and his team at Hogan & Hartson and all of the NAEVR/AEVR network members. How did we do?

NAEVR’s number one priority was opposing the clustering of Institute budgets in draft NIH reauthorization legislation issued by the House Energy and Commerce Committee. NAEVR’s strong opposition to budget clusters—as well as its leadership in engaging other advocates in this regard—resulted in draft legislation stalling, with no schedule for action set at this time. We have forged useful working relationships with the Republican and Democratic leadership of the Committee, and will continue to educate about the necessity of NEI retaining its budget line item in leading our national commitment to eye and vision research.

The advocacy community, including NAEVR, expended truly Herculean efforts to increase NIH/NEI funding in the FY2006 Labor, Health and Human Services and Education (LHHS) appropriations bill. Even armed with our NEI research value message, including the discovery of a gene strongly associated with age-related macular degeneration (AMD) that was heralded by NIH Director Dr. Zerhouni as a breakthrough, Congress flat funded then reduced FY2006 funding even further with the one percent across-the-board cut to control spending. For FY2007, we will focus on what we have lost from the NIH doubling due to flat funding and biomedical inflation, as well as identify missed opportunities to build on previous research.

Although FY2006 NEI funding decreased by $2 million, our efforts resulted in eye and vision research being listed in the Department of Defense Congressionally-directed Medical Research Program, which has a pool of $50 million of peer-reviewed funding. NAEVR will work with the community to access this funding source, as we need to be actively engaged to maintain this listing in the future or for institutions to seek direct earmarks.

We have a compelling message to share about the need to appropriately fund our nation’s health and vision health research, which is so vital to controlling healthcare costs, ensuring productivity and quality of life and maintaining global competitiveness. On behalf of the Boards, I want to express my appreciation for your support in 2005, and I look forward to working with all of you in 2006 to further amplify our value message.

“We will identify the missed opportunities associated with flat NIH/NEI funding.”

— Stephen J. Ryan, M.D.
Doheny Eye Institute
NAEVR/AEVR Boards President
Despite NIH Reauthorization Stalling, NAEVR Voices Opposition to Budget Clusters

The House Energy and Commerce Committee did not proceed beyond an August 2005 draft of NIH reauthorization legislation, primarily due to the press of post-Katrina issues and the medical research advocacy community’s (and NAEVR’s) strong opposition to a provision to cluster Institute budgets. The provision would reduce the NIH budget to three line items: the Office of the Director; a cluster of “mission specific” Institutes (which includes NEI); and a cluster of “science-enabling” Institutes/Centers (IC).

In a December 7 letter to NIH Director Dr. Elias Zerhouni, NAEVR acknowledged Dr. Zerhouni’s personal support for retention of individual IC line item budgets, which he expressed at an October 20 NIH Town Hall Meeting. NAEVR also supported Dr. Zerhouni’s vision of a “common fund” for trans-Institute research, but did so provisionally, pending resolution of concerns about how it would be implemented. NAEVR distributed its letter to all members of the Energy and Commerce Committee.

During its January 20 Lobby Day (refer to back page), ARVO members met with Republican and Democratic staff of Committee leaders, who noted that a timetable for action this session had not been set. NAEVR will continue to lead on this issue, as well as work with coalition partners, having recently joined the National Health Council’s NIH Issue Team.
On December 30, the President signed the FY2006 LHHS Appropriations Conference Report (HR3010) that included a 0.5 percent and 0.7 percent increase for the NIH and NEI, respectively. However, the FY2006 Defense Appropriations Conference Report (HR 2863), also signed by the President on December 30, contained a one percent across-the-board cut for non-defense programs, which resulted in a net negative for the NIH and all of its Institutes, including the NEI. As a result, NEI funding decreased by $2 million (see accompanying chart).

The legislative process that resulted in this net negative was not without controversy. Earlier in December, the House rejected the initial LHHS conference report—some members opposing it due to the minimal increase for health and education programs, others opposing it since $1 million of earmarks had been stripped from the bill. Despite efforts by Senate LHHS Appropriations Subcommittee leaders Sen. Arlen Specter (R-PA) and Sen. Tom Harkin (D-IA) to increase NIH funding by $1 billion (or a 3.7 percent increase for NIH/NEI over FY2005), the lower House-passed numbers prevailed, which were reduced even further by the across-the-board cut.

NAEVR’s networks sent thousands of email letters to Congress urging increased NIH/NEI funding, many of which were generated by ARVO members and by American Academy of Optometry (AAOptom) members, who met December 8-11 in San Diego. NAEVR also hand-delivered materials of support for NEI funding, generated in conjunction with the White House Conference on Aging.

The entire medical research advocacy community is disappointed that the net of these actions means a decrease in FY2006 NIH funding, which is the first time that the NIH budget has been cut in 30 years. This decrease is compounded due to a biomedical inflation rate of 3.2 percent that will further erode programmatic dollars. In recent communications with Capitol Hill, and in planning its FY2007 strategy, NAEVR is emphasizing that these cuts to NIH come at a time of tangible examples of the value of vision research, such as the discovery of an AMD gene, and which could result in significant missed opportunities.

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*Reflects 1% across-the-board cut on FY2006 appropriated 0.7% NEI/0.5% NIH increase over FY2005; NIH net of one-time expenses
Dr. Zerhouni Meets with the Medical Research Advocacy Community

On January 11 and 12, Dr. Zerhouni met with the National Health Council and the ad hoc Medical Research Group, respectively, to provide an update on NIH activities. NAEVR was an active participant in both meetings and was pleased that, just as he had done at the October 20 NIH Town Hall Meeting, Dr. Zerhouni heralded the NEI-sponsored discovery of an AMD gene as an NIH breakthrough. He also acknowledged the NEI-sponsored Age-related Eye Disease Study (AREDS), which demonstrated that high levels of dietary antioxidants and zinc reduce the risk of AMD by 25 percent, as an example of a cost-effective preventive measure.

In defining a new paradigm for the 21st century, he stressed the importance of the predictive, personalized and preemptive role of healthcare research and delivery, offering poignant examples of NIH accomplishments and emphasizing the attendant healthcare costs reduced and lives saved/quality of life improved. He noted that a comprehensive and collaborative approach to research—much along the lines of the NIH Roadmap, which is now part of the newly-created Office of Program Analysis and Strategic Initiatives (OPASI), as well as the “common fund” he has proposed for trans-Institute research—will be increasingly important, especially if NIH is funded at a flat rate over the next several years. Based on current NIH funding, the government spends $96 per person for research, as compared to an annual per-person cost of healthcare of $6,700, which was as of FY2004 and continues to grow.

Dr. Zerhouni’s comments likely reflect the message in testimony he will present to Congress in FY2007 House and Senate LHHS Appropriations Subcommittee hearings. At this time, a House hearing had not yet been scheduled; the Senate has scheduled a hearing for March 15. NAEVR, ARVO and the American Optometric Association have submitted requests to the House Subcommittee staff to appear at any Citizen Witness hearings that may be planned.
NAEVR Secures Listing of “Eye and Vision Research” within DOD’s CDMRP Program

Through the advocacy efforts of NAEVR Legislative Counsel Hogan & Hartson, the FY2006 Defense Appropriations Conference Report (HR 2863) passed by Congress and signed by the President on December 30 added “eye and vision” to research eligible for peer-reviewed funding under the Department of Defense’s (DOD) Congressionally-directed Medical Research Program (CDMRP). As a result, researchers can submit defense-related vision research grants for consideration by the program, which is funded at $50 million in FY2006. The CDMRP Web site at http://cdmrp.army.mil currently states that program announcements will issue shortly for research included in FY2006 funding. NAEVR will work with ARVO to inform and educate the research community of CDMRP grant requirements.

NAEVR had submitted an extensive justification to Congress early in the FY2006 appropriations process for this addition, emphasizing that vision is the sense most vulnerable to battlefield conditions, whether from direct trauma, biohazards or environmental conditions which foster abrasion and infection. The justification cited three key areas of research: visual acuity, eye trauma and infection and health disparities.
NHGRI’s Dr. Guttmacher Lauds NEI’s AMD Gene Discovery at NAEC Meeting

At the January 19 meeting of the National Advisory Eye Council, the NEI conducted a review of its Ocular Genetics Program Portfolio. Among the speakers was Dr. Alan Guttmacher, Deputy Director of the National Human Genome Research Institute (NHGRI), who spoke about state-of-the-art in human genetics. In echoing NIH Director Dr. Zerhouni’s comments heralding the NEI-sponsored discovery of an AMD gene, Dr. Guttmacher stated:

“The International HapMap Project has provided an important new genomics-based tool that will make it much easier to find genes involved in the causation and progression of common diseases. The NEI and its research community have truly led the way in showing this is the case. Last Spring’s identification by NEI-funded researchers of Complement Factor H as an important gene in the causation of AMD was the first such use of the HapMap, which was not even completed until a half a year later.”

Dr. Guttmacher’s comments also echoed a November 7 Newsweek article entitled The Future Arrives Early, which also cited the AMD gene discovery.
Vision Researcher Educates Congress on Research into Diabetic Retinopathy

“We’ve come a long way, but we still have a long way to go,” said vision researcher Neil Bressler, M.D. (The Wilmer Eye Institute/Johns Hopkins University) in a December 7 Congressional briefing on Diabetic Retinopathy, held in conjunction with the House and Senate Diabetes Caucuses and sponsored by the Juvenile Diabetes Research Foundation International (JDRF) and the Alliance for Eye and Vision Research (AEVR).

Dr. Bressler reviewed the status of various treatments and therapies emerging from federally funded research being conducted by the NEI within the NIH, as well as other industry sources and private foundations, such as JDRF. He focused on the current activities of a Diabetic Retinopathy Clinical Research (DRCR) Network, funded by the NEI in partnership with JDRF and consisting of 521 investigators (60 percent of which are community-based physicians) at 155 sites in 43 states. Dr. Bressler will chair the Network beginning January 1, 2006, following inaugural chair Dr. Lloyd Aiello, Jr. (Joslin Diabetes Center).

“Diabetic retinopathy is the most common complication of diabetes, and about half of patients with it do not know that they have it,” said Dr. Bressler, who identified improved detection techniques for early diagnosis as one focus of the DRCR Network’s research. With respect to treatments, he acknowledged the ongoing value of laser photocoagulation to inhibit macular edema associated with the leakage of capillaries in the retina, noting that this technique was developed through past collaborative research between the NEI and other scientists within NIH. “Due to this past NEI research, less than two percent of patients will go blind from diabetic retinopathy,” said Dr. Bressler, who cautioned that the full effectiveness of laser photocoagulation is still dependent on early detection and treatment, especially as new blood vessels begin to form in the retina.

He also reported on the latest NEI research, some of which is conducted in collaboration with industry, on ophthalmic drugs that may be beneficial for retinal swelling or edema from diabetes, and future collaborations evaluating factors that inhibit the formation of new blood vessels. “The anti-angiogenic (new blood vessel-inhibiting) medications are the first generation of ophthalmic drugs to cause improvement in some individuals with the “wet” form of AMD and are just starting to be evaluated in clinical trials for diabetic retinopathy,” said Dr. Bressler, who added that future treatments could potentially consist of a combination of these drugs and laser photocoagulation. Such studies are already underway and others are planned for implementation by the Network.

Dr. Bressler concluded by highlighting the importance of early detection and management of diabetes as a chronic disease, including educating patients about the current standard of care to reduce blindness complications. He also reiterated the importance of ongoing laboratory and clinical research that is demonstrating promising results and urged continuing Congressional support for the NIH/NEI, in terms of both federal funding and public-private initiatives, such as the current DRCR Network.
Contributor Report

ARVO Members Share Vision Research Value Message on Capitol Hill

On January 20, in one of the first Lobby Days held by any organization in 2006, several members of the ARVO Program Committee joined ARVO Executive Director Joanne Angle and NAEVR’s James Jorkasky in making more than 20 visits to the offices of Members of Congress. The participants conveyed two messages: adequately fund the NIH/NEI in the FY2007 appropriations process and ensure that any activity to reauthorize the NIH does not cluster Institute budgets, potentially jeopardizing the NEI’s ability to lead our nation's vision research portfolio. In that regard, the participants met with key Republican and Democratic staff of the House and Senate Appropriations Subcommittees, as well as the House Energy and Commerce Committee, which has jurisdiction over NIH reauthorization.

“I was pleasantly surprised to receive responsive follow-up letters after my visits to Senate offices from Georgia, where I live now, as well as Oklahoma, where I grew up.” — Dr. Jeffrey H. Boatright

David Epstein Joins NAEVR as Advocacy Manager

In early February, David Epstein joined NAEVR as Advocacy Manager. He brings a wealth of experience, having served as Webmaster for the Society of the Plastics Industry, as a manager at the legislative reporting service Legi-Slate and as a Congressional aide. “With David joining the NAEVR team, we will maximize the effectiveness of each member's communication with Congress,” said NAEVR’s James Jorkasky in announcing this addition.
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