I was fortunate to have been in Washington, DC twice within the past few weeks, where I was engaged with the NAEVR Scorecard issues presented in detail in this report. I wish to thank Legislative Counsel John Porter and NAEVR Executive Director James Jorkasky and new Advocacy Manager David Epstein for arranging valuable visits with key leaders on the budget, appropriations and NIH reauthorization issues.

What struck me most about my time in Washington this year is how unified and vocal the research advocacy community is in influencing the Fiscal Year (FY) 2007 budget process early on, prior to the allocation of funds for each of the Appropriations bills. Our community has been at the forefront in that regard, and I thank the NAEVR network members who sent thousands of email letters to the Senate and House supporting the $7 billion increase to the budget for health and education programs in respective Budget Resolutions. Although we are still awaiting final budget action on the House side, these Members of Congress know that they are dealing with a formidable constituency that will stay engaged through the entire budget and appropriations process. More than ever, the medical research advocacy community is holding elected representatives accountable for their voting record and whether it matches their stated support for healthcare and medical research.

To do this, however, we must ensure to fully educate our Members of Congress about the health and economic benefits derived from research conducted in their districts. I recently issued an invitation to Cong. David Dreier (R-CA), my home district representative, to visit Doheny. Fortunately, I was able to personally follow up by meeting with his senior staff in the Washington, DC office and “putting a face” to this research. I look forward to hosting Cong. Dreier and to maintaining an ongoing dialogue on our issues throughout this legislative session. I encourage all ophthalmic and optometric departments to do the same, as it also enables us to expand the value message of research, generally, and to increase the number of Congressional champions for eye and vision research, specifically.

Our community’s message has emphasized more than ever the vital role of the medical research infrastructure to our nation, from the promise it holds for new therapies to the jobs it creates that ensure our country’s competitiveness. This was most directly quantified by National Institutes of Health (NIH) Director Dr. Elias Zerhouni in his April 6 testimony before the House Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittee. I was especially pleased that Dr. Zerhouni cited three major National Eye Institute (NEI)-funded breakthroughs as evidence of value emerging from the NIH doubling.

Thank you for your commitment to NAEVR and AEVR, and I look forward to working with you to increase research funding. Feel free to contact me at sryan@doheny.org.

— Stephen J. Ryan, M.D.
Doheny Eye Institute
NAEVR/AEVR Boards President
NAEVR Engages Capitol Hill Staff and Network Members in Events Celebrating Vision Research and Advocacy

**FFB Valentine’s Day Gala**
On February 8, NAEVR and ARVO hosted a table at the Foundation Fighting Blindness (FFB) Valentine’s Day Gala, which included three key Congressional staff members: Sudip Parikh from the Senate LHHS Appropriations Subcommittee, chaired by Sen. Arlen Specter (R-PA); Viquar Ahmad from the staff of House LHHS Appropriations Subcommittee Chair Ralph Regula (R-OH); and Cheryl Jaeger from the staff of Majority Whip and Energy and Commerce Committee Member Cong. Roy Blunt (R-MO).

**Research!America Advocacy Awards Dinner**
On March 21, NAEVR, ARVO and Allergan hosted a table at the Research!America Advocacy Awards Dinner, at which Foundation Fighting Blindness Co-Founder and Board Chairman Gordon Gund (Gund Investment Corporation) was recognized for exceptional contributions as a volunteer advocate for medical and health research. ARVO President Dr. Larry Takemoto (Kansas State University) hosted staff from the offices of Sen. Joe Lieberman (D-CT), a champion for medical research as a means to ensure the United States’ global competitiveness. The staff included Dr. Wilson Wang and Dr. Purva Rawal, both of whom have conducted biomedical research.

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“The examples of research and the value we derive from our nation’s investment in it, as explained to me by John Porter at the dinner, moved me to commit to increasing the FY2007 funding for NIH.”

—Cong. Mike Castle (R-DE), an award recipient and lead moderate Republican supporting an increase in the House Budget Resolution (see story inside). John Porter is NAEVR’s Legislative Counsel and also serves as Research!America Board Chair
Contributor Report

NIH Reauthorization a Priority, per Chairman Barton

At a February 15 House Energy and Commerce Committee hearing, Chairman Joe Barton (R-TX) announced that NIH reauthorization is a priority this session, as the NIH has not been reauthorized since 1993. NAEVR has subsequently met with new lead Committee staff member Katherine Martin, who reported on plans to release a revision to the August 2005 legislative draft by late April 2006. Ms. Martin acknowledged the strong opposition from the medical research community (including NAEVR) to the previous draft’s proposal to cluster Institute budgets. She indicated that the revision would strike the cluster concept in favor of language—primarily from the 2003 Institute of Medicine (IOM) report which presented recommendations to modernize NIH—requiring an appropriate “reorganization” within a set timeframe in a three-year reauthorization period.

Since the “reorganization” language in lieu of budget clusters has yet to be shared with the advocacy community, NAEVR remains vigilant regarding the process for and ultimate impact from any reorganization, for example, creation of “informal” budget or management clusters. NAEVR’s greatest concern is that the NEI Director retain the authority and budget to lead our nation’s federal vision research efforts. We are also concerned about the authorizing levels for NIH funding over the next three years and whether a potential increase will be offered in exchange for the community’s support for structural changes.

Finally, we remain concerned about the percent individual Institute contribution to and ability to direct funds associated with the “common fund”, the composition of the Director’s Advisory Council that will oversee trans-Institute research and any potential increase in the Director’s transfer authority greater than the current one percent.

During the weeks of March 27 and April 3, Dr. Stephen Ryan and Dr. James Chodosh (Dean McGee Eye Institute) made Capitol Hill visits with key Republican and Democratic members of the Committee, as well as the staff of the Senate Health, Education, Labor, and Pensions (HELP) Committee, which has NIH reauthorization jurisdiction on the Senate side. NAEVR updated staff, reiterated its concerns, promised all offices comprehensive comments once a draft issues and offered to serve as an ongoing resource.

NAEVR’s NIH Reauthorization Talking Points are at www.eyeresearch.org

Lantie Ferguson of the office of Cong. Gene Green, an Energy and Commerce Committee member and a Co-Chair of the Congressional Vision Caucus, with Dr. James Chodosh.

Dr. Chodosh, who was trained in Texas, added time to his participation in the American Academy of Ophthalmology Advocacy Day to conduct NIH reauthorization visits to Texas delegation offices.

Dr. Ryan with Katherine Martin of the Energy and Commerce Committee staff. Dr. Ryan served as a member of the IOM Committee that made recommendations to modernize NIH management.
Contributor Report

Dr. Zerhouni Emphasizes Value from NIH Budget Doubling at House Hearing

On April 6, while the House was engaged in budget negotiations, LHHS Appropriations Subcommittee Chairman Ralph Regula (R-OH) presided over a hearing featuring NIH Director Dr. Elias Zerhouni. In hard-hitting written and verbal testimony, Dr. Zerhouni quantified the benefits derived from the doubling of the NIH budget from FY1998-2003, in terms of treatments and therapies that have emerged to reduce or prevent risk and save and enhance lives, as well as the impact on local economies in terms of jobs created from NIH funding and the associated biomedical and biotech industries.

In describing the budget doubling’s transformation of NIH research into that which is more predictive, preemptive and personalized, he cited three vision examples: discovery of the gene strongly associated with age-related macular degeneration (AMD); preventive effect of antioxidant vitamins in reducing progression to advanced AMD; and savings to the healthcare system from the use of laser photocoagulation in diabetic retinopathy (estimated by NEI at $1.6 billion per year). Dr. Francis Collins, Director of the National Human Genome Research Institute (NHGRI), further emphasized the importance of the AMD gene discovery as a direct outcome of the past investment in the HapMap Project to map the human genome.

Ranking Democrat David Obey (D-WI) strongly criticized the President’s FY2007 flat-funded budget for NIH, noting that it would result in 650 fewer grants than in FY2006 and further reduce NIH’s purchasing power, which will have declined by 11 percent since 2003. He joined his Democratic colleagues in urging support for the addition of $7 billion for health and education programs in the House Budget Resolution.

NAEVR, ARVO and the American Optometric Association submitted written testimony urging increased NIH/NEI funding, which focused on “missed opportunities” to follow up on the AMD/Diabetic Retinopathy research due to the proposed cut to the NEI budget. NAEVR reiterated its request of $711 million as that necessary for the NEI to fully advance the breakthroughs emerging from its basic and clinical research.

At press time, the Senate LHHS Appropriations Subcommittee is scheduled to hold its hearing with Dr. Zerhouni on May 19. Dr. Ryan has been invited by Sen. Specter to participate in a panel that identifies potential “missed opportunities” within individual Institutes due to proposed FY2007 funding.

NIH, NEI and NAEVR written testimonies are at www.eyeresearch.org

“If you look at what we’ve done during the doubling, not only do you have results, you have a promise.” —Dr. Zerhouni (pictured below)
More so than in any recent year, the health and education advocacy community, including NAEVR, began activities early in the budget process in an attempt to increase funding in the FY2007 Budget Resolutions passed by the Senate and House. The President’s FY2007 budget proposal would flat-fund NIH at the FY2006 level of $28.5 billion and reduce NEI funding by 0.8 percent, or $5.3 million. Individual Institute funding is being cut from 0.6 to 0.8 percent to underwrite expanded bio-defense research.

The community rallied to support an amendment sponsored by Sens. Specter (R-PA) and Harkin (D-IA) to add $7 billion to the FY2007 Senate Budget Resolution for health and education programs, which would add $1 billion to the NIH budget, restoring it to the FY2005 funding level. On March 16, the amendment passed 73-27, and the Senate Budget Resolution passed 51-49. NAEVR networks sent thousands of letters of support for the amendment and followed up with hundreds of “Thank You” and “I Am Disappointed” letters to their Senators. NAEVR wrote to Senate leaders thanking them for their support, as well as to the 27 Republicans who voted for the amendment. Later in the month, Dr. Ryan made visits to the offices of Sens. Specter and Harkin to express the vision community’s appreciation.

The community maintained its momentum by contacting House Budget Committee members and urging them to adopt the Specter/Harkin amendment, as introduced on March 29 in Committee by Cong. Rosa DeLauro (D-CT). As expected, the amendment was voted down along party lines. In the interim, 23 moderate Republicans, led by Cong. Fred Upton (R-MI) and Cong. Nancy Johnson (R-CT) sent a letter to House Speaker Hastert (R-IL) requesting that discretionary funding in the House Budget Resolution be increased by two percent. Concurrently, moderate House Republican Cong. Mike Castle (R-DE) vowed to champion the Specter/Harkin amendment on the House floor and attempted to consolidate all moderate Republican support into that effort.

On April 5, NAEVR sent letters to the offices of 49 moderate Republicans (primarily members of the Republican Main Street Partnership) urging them to support the House Budget Resolution only if it included the additional $7 billion for health and education programs. This was complemented by email letters sent from NAEVR network members, as well as direct requests from participants in the April 6 American Academy of Ophthalmology Advocacy Day.

Concurrently, the conservative Republican Study Committee also rallied against the House Budget Resolution (as a means by which to support reforms in the budget process), as did appropriators over limitations in disaster relief aid. As a result, House Majority Leader Cong. Boehner (R-OH) could not secure passage of a House Budget Resolution prior to the start of the Easter recess on April 7, requiring ongoing negotiations in advance of anticipated House floor action the week of April 24. If a House Budget Resolution is not passed, the House can “deem” an overall budget number within other legislation and defer to the leadership and Appropriations “Cardinals” (the chairs of the House Appropriations Subcommittees) to determine the allocations for each of appropriations bills that must be passed. Ultimately, the Senate and House LHHS Appropriations bills emerging from the Appropriations Subcommittee must be reconciled through the conference process. With the election this Fall, NIH-watchers are predicting that an LHHS appropriations bill may not be finalized until well after the FY2007 fiscal year begins on October 1, with some even predicting a year-long Continuing Resolution. NAEVR and its networks will be engaged every step of the way (see accompanying Appropriations story), and updates will appear at www.eyeresearch.org.
Contributor Report

NAEVR Requests FY2007 DOD Listing for Eye and Vision Research

In first-quarter 2006, NAEVR has been educating the vision research community about the new eligibility of "eye and vision" research for FY2006 Department of Defense (DOD) funding through its Congressionally-directed Medical Research Program (CDMRP). Grants must be submitted by May 9, 2006. Concurrently, NAEVR has updated its justification for retaining this listing in the FY2007 DOD appropriations process, which has already been submitted to Military Quality of Life Subcommittee Chair Cong. James Walsh (R-NY) and to the Senate Defense Appropriations Subcommittee through member Sen. Kay Bailey Hutchison (R-TX). NAEVR will work with key network members in this key district/state to support retention of the listing in FY2007.

Details about the CDMRP program requirements and NAEVR’s FY2007 justification are at www.eyeresearch.org.
Contributor Report

Vision Researchers Update Congressional Staff about Important Advances in Understanding and Treating Chronic Dry Eye

In a February 15, briefing sponsored by AEVR and the Women’s Eye Health Task Force, Dr. Kelly Nichols (Ohio State University College of Optometry) and Dr. Janine Smith (NEI) reported on the complexities of chronic dry eye and recent NEI-funded research to understand and treat this nagging condition. “Up to twelve million Americans have dry eye,” said Dr. Nichols, “more women than men are affected, which may be related to aging changes in the production of sex hormones.” Chronic dry eye causes a variety of medical and lifestyle problems, not the least of which is dry, burning and irritated eyes.

With the growth of the aging population, the number of Americans with dry eye is expected to increase significantly.

The normal tear layer of the eye is an extremely intricate tri-layered complex of water, electrolytes, proteins, lipids and immune system products. The tears protect the cornea, which is the transparent dome over the iris and pupil. Drs. Nichols and Smith are clinical scientists whose research is helping define the link between the tear film of the eye, hormones, autoimmunity and inflammation.

Factors other than age and gender can cause dry eye, according to these researchers. A dry environment, like Colorado’s, is one. An autoimmune condition such as Sjögren’s Syndrome, which causes tear glands to malfunction and affects about 4 million people, is another. Laser eye surgery to correct near-sightedness, contact lens wear, extended computer use and low blink rates can also lead to dry eye symptoms. Epidemiological research demonstrates just how prevalent dry eye is in the United States: between 14-25 percent of patients stop wearing contact lenses due to dry eye; 15 percent of Americans over 65 have dry eye; and roughly 4 percent of Medicare claims are for an examination where dry eye is the primary diagnosis.

“Finding an effective treatment can be very challenging for many patients,” said Dr. Nichols, who noted that treatment is important because dry eye can have significant medical, economic and social consequences. It can damage the surface of the eye, cause blurred vision and abrasions of the cornea, and in its most severe form can lead to corneal scarring and vision loss. It can lead people to make major changes to their work and social lives just to manage their symptoms, for example, driving at night. Further, dry eye can lead to an expenditure of considerable sums of money for over-the-counter eye drops, prescription eye drops, prescription oral medications and surgical procedures, and can be associated with lost work-related productivity.

Dr. Smith reported on NIH research showing that dry eye is more common in women who take menopausal hormone therapy. She also described how NEI-funded research is increasing knowledge about the role of inflammation and autoimmunity in this condition. “Dry eye research is a priority for NEI,” reported Dr. Smith, who serves as Deputy Clinical Director. “We are funding research to understand the triggers and propagating factors that lead to dry eye. The findings will lead to the identification and testing of new treatments to provide relief from dry eye. Most importantly, we’ll be able to improve eye health and quality of life for millions of people.”

A fact sheet on Chronic Dry Eye is available from the Sjögren’s Syndrome Foundation at http://sjogrens.org/syndrome/dry_eye.html
Contributor Report

Briefing Builds Awareness of Vision Issues for Senior Drivers

On March 23, the Congressional Vision Caucus, in conjunction with Prevent Blindness America (PBA) and the American Automobile Association (AAA), held a Capitol Hill Briefing entitled Better Vision, Safer Roads. Dr. Cynthia Owsley (University of Alabama at Birmingham) spoke about her NEI-funded research to determine which aspects of vision impairment affect crash risk and to identify interventions to reduce this elevated risk. Dr. Bella Dinh-Zarr, AAA’s National Director of Traffic Safety Policy, spoke about AAA’s priority initiative Lifelong Safe Mobility, which promotes transportation safety and mobility for an aging population.

Dr. Owsley commented that, “I am very concerned about future NEI funding. With the proposed cut to the NEI budget, future funding for quality of life vision research may be jeopardized. This is unfortunate, as safe senior driving is a public safety issue growing ever larger due to the aging of the population”. Dr. Owsley’s work was featured in NAEVR’s December 2005 Special Report to the White House Conference on Aging on the value of NEI-funded research, available at www.eyeresearch.org.
Contributor Report

NAEV R at the NEI Vision Network Meeting

In early March, NAEVR educated ophthalmic and optometric department communicators about research funding issues at the NEI VISION Network meeting, held in Charleston, South Carolina. The Medical University of South Carolina's Storm Eye Institute graciously hosted the meeting and its researchers spoke about NEI-funded research, including: Ophthalmology Department Chairman Dr. M. Edward Wilson on low vision rehabilitation; Dr. Rosalie Crouch on retinal degeneration; and Dr. David Vroman on advances in corneal transplantation.
Contributor Report

NAEVR/AEVR Announcements

In early February, and to promote the briefing, NAEVR released its second electronic E-Zine to all Capitol Hill offices. In addition to featuring highlights of NEI-funded research in Chronic Dry Eye and Diabetic Retinopathy, the E-Zine presented NAEVR’s initial comments on the President’s just-released FY2007 budget proposal and requested NEI funding at $711 million.

NAEVR welcomes the following new contributors in 2006, bringing the total of alliance members to 55 organizations:

- Discovery Eye Foundation
- Genentech, Inc.
- Macular Degeneration Partnership
- Sjögren's Syndrome Foundation
- Tear Film & Ocular Surface Society