INSIDE AND OUTSIDE THE BELTWAY

NAEVR Rallies for Medical Research

On April 8, NAEVR participated in the Rally for Medical Research, in which researchers and advocates across the United States called on Congress to stop cuts to medical research funding at NIH. Although the event was held in Washington, D.C. in conjunction with the annual meeting of the American Association for Cancer Research (AACR) and drew thousands of attendees, many more at academic institutions across the country watched the event, emailed letters to Congress, and used social media to spread awareness of the impact of funding cuts. NAEVR was one of 200 partner organizations reflecting a variety of disease conditions that participated in hosting the D.C.-based event, at which Members of Congress, patients, and advocates spoke. Between speakers, the crowd chanted the event’s theme, “More Progress, More Hope, More Life.”

NIH Asks SMRB To Examine its Review and Award Process

At the June 4 meeting of the NIH’s Scientific Management Review Board (SMRB)—which was created by the NIH Reform Act of 2006 to make recommendations on NIH structure and management—Principal Deputy Director Lawrence Tabak, D.D.S., Ph.D., presented a new charge to the group: examine the NIH review and award process. In noting that the NIH two-tier system [scientific peer review and I/C programmatic review] is the foundation on which the agency’s funding of extramural research is based, and since the majority of the NIH budget goes to extramural research grants, NIH believes it is vital that it continues to innovate and optimize the process by which grant applications are submitted, reviewed, processed, and awarded. NIH has asked the SMRB to consider how it can:

- Streamline the grant-making process and shorten the length of time from application to allocation of funds.
- Address the administrative burden on applicants and their institutions, scientific reviewers, Advisory Council members, and NIH staff while maintaining a high quality review process.

Departments Contact Congress

- On June 6, Emory University Department of Ophthalmology Professor and Director of Vision Research P. Michael Iuvone, Ph.D., sent a letter to Cong. Jack Kingston (R-GA), Chair of the House LHHS Appropriations Subcommittee, describing the impact of the sequester and requesting increased NEI funding.
- On June 7, University of Alabama at Birmingham Optometry School Dean Rodney Nowakowski, O.D., Ph.D., and Department of Ophthalmology Chair Christopher Girkin, M.D., M.S.P.H, co-signed a letter to Senate Appropriations Ranking Member Richard Shelby (R-AL) requesting growth in the NEI’s FY2014 budget.

PBA: $139 Billion Cost for Eye and Vision Disorders

On June 18, NAEVR member Prevent Blindness America (PBA) released a new report entitled Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States which estimates the annual cost at $139 billion—based on 2011 U.S. population data and in 2013 dollars—which is more than double PBA’s prior estimate of $51.4 billion for adult vision disorders and NEI’s prior estimate of $68 billion for all vision disorders. The report, commissioned by PBA from researchers at the University of Chicago’s National Opinion Research Center (NORC), emphasizes that the financial burden will continue to grow due to increasing healthcare costs and an aging population. The $139 billion total annual cost consists of the following components:

- $72.2 billion, reflecting the cost of vision problems outside direct healthcare expenses, including lost productivity and long-term care costs.
- $47.4 billion, reflecting the costs to government and taxpayers, including direct medical costs and long-term care.
- $20.8 billion, reflecting the cost to private health care companies.

The $139 billion total reflects direct costs of $68.8 billion (48 percent), which includes medical costs for diagnosed disorders, medical costs attributable to low vision, medical vision aids, vision assistive devices and adaptations, and direct services including special education and assistance programs. Indirect costs constitute 52 percent or $72.2 billion of the total costs and capture the burden of consequences of low vision, including productivity losses, long-term care, informal care, and the costs of transfer and entitlement programs.

The study estimates the costs of treating blindness and low vision in the U.S. at $6,680 per-person, per-year. By contrast, the FY 2013 NEI budget of $662 million means that the U.S. is only spending $2.12 per-person for research into sight-saving and restoring vision research.

NAEVR to Hill: New Cost Study Necessitates NEI Budget Growth

NAEVR’s James Jorkasky attended the June 17 Congressional Briefing at which NORC Research Scientist John Wittenborn provided top-line results, as well as the June 18 Focus on Eye Health National Summit at which full results were presented. On July 1, NAEVR delivered letters to Congressional leaders and appropriators emphasizing that the new cost data “requires necessary funding for the NEI to address the challenge of saving and restoring vision.”

Case Western Reserve University Informs Cong. Joyce of Research Benefits

On May 28, Case Western Reserve University (CWRU) School of Medicine hosted Congressman David Joyce (R-OH), a freshman House member whose district includes Cleveland’s eastern suburbs. Elected in 2012 to fill the seat of the recently-retired Cong. Steve LaTourette, Cong. Joyce is a member of House LHHS Appropriations Subcommittee and currently serves as co-chair of the Congressional Nursing Caucus. CWRU Department of Ophthalmology and Visual Sciences Chair and Director of the University Hospitals Eye Institute, Jonathan Lass, M.D., organized the visit after an introduction by NAEVR, which worked closely with Dr. Lass and provided key talking points.

CWRU Medical School Dean Pamela Davis, M.D., Ph.D., Ophthalmology Department Vice Chairman Suber Huang, M.D., M.B.A., Pharmacology Chair Krzysztof Palczewski, Ph.D., and Dr. Lass discussed with Cong. Joyce the tremendous potential presented by federally-funded basic and applied science, highlighting the regional, state, and national benefits of translating cutting edge research from bench to bedside. Cong. Joyce further spoke at length with CWRU’s researchers and leadership on the benefits of attracting corporate support for research and creating start-up companies to commercialize new medical products and devices. Cong. Joyce also toured the Department of Pharmacology laboratories with Dr. Palczewski, who will be presented with the Friedenwald Award at the 2014 ARVO Annual Meeting in Orlando, Florida.