At NEI's January 23 National Advisory Eye Council (NAEC) meeting, Dr. Sieving highlighted final FY2013:

- Although NEI’s final FY2013 appropriation was $662.1 M (net of $36 M sequester cut and $3.9 M Department of Health and Human Services (DHHS) Secretary transfer), its final operating net was reduced further by $5.6 M to $657 M, due to the transfer back to the NIH Office of AIDS Research (OAR) for funding of the dissolved NEI-sponsored Ocular Implications of AIDS clinical trials. NAEVR fought to prevent this transfer in the past three funding cycles.
- FY2013 NEI Success Rate was 24%, compared to an FY2012 rate of 30%. NEI had the highest success rate of any NIH Institutes and Centers (I/Cs), as in most past years, since it focuses on investigator-initiated research. FY2013 NIH success rate was 16%.
- NEI funded 267 competing grants as compared to 296, a reduction of 29 grants. NEI minimized a potential 60 grant reduction by making across-the-board cuts, including a five percent reduction in funding for non-competing grants and holding the average cost of competing RPGs flat at the FY2012 level of $404,300.
- NEI received 1,127 grant applications, the highest since FY2006.
- NEI appropriated amount is net of $36 M in sequester cut and $3.9 M Secretary transfer. Operational net reflects $5.6 M transferred back to NIH Central of dissolved Ocular Implications of AIDS trials funding.

The omnibus funds NIH at $29.9 B, a $1 billion decrease from the President’s budget. The NIH is to conduct an agency-wide review of its overall program goals. Congress directs NIH to develop an update to the non-sequester budget and requests information on how the I/Cs coordinate on research. This review was requested by NAEVR member organization Coalition for Usher Syndrome Research.

On January 16, the Senate passed the Consolidated Appropriations Act of 2014 following House passage the previous day. The $1.012 T omnibus spending bill was passed just as the Continuing Resolution (CR) to fund the government through January 18 was set to expire. The bill was developed after the December 18, 2013, Congressional passage of the Bipartisan Budget Act of 2013, which established discretionary spending caps for FY2014 and 2015, eliminating $63 B in sequestration cuts in fiscal years 2013-2014.

The omnibus funds NIH at $29.9 B, a $1 billion or 3.5 percent increase over the FY2013 budget after sequester and transfers, but $714 M below the FY2013 pre-sequestration appropriation of $30.64 B. The bill funds the NEI at $682 M, a $20 M or 3 percent increase over the FY2013 post-sequester/transfer budget, but $19 M below the FY2013 pre-sequestration level of $701.3 M. Similar to FY2013, NEI’s operating net was reduced by $6.9 M to $674 M due to the transfer back to NIH/OAR.

The bill’s accompanying Joint Explanatory Statement provides details into Congressional priorities for NIH, as well as steps it must take to implement and report on key programs. Highlights include:

- Congress directs NIH to develop an update on Usher Syndrome (deaf blindness) research in the FY2015 budget request, adding a $10 M increase, and the I/Cs coordinate on research. This review was requested by NAEVR member organization Coalition for Usher Syndrome Research.
- The Salary Cap remains at Executive Level II (EL II), but that amount has been increased by the Office of Personnel Management (OPM) from $179,700 to $181,500.
- The NIH is to conduct an agency-wide study of the post-peer review priority-setting process, resource allocation process, and portfolio evaluation such that it provides decision-makers with answers to such questions as how the research advances biomedical science, improves human health, and relates to an I/C or overall NIH program goals.

On February 7, the House Appropriations Committee approved the Senate’s omnibus. The House Appropriations Chair Hal Rogers (R-KY) and Senate Appropriations Chair Barbara Mikulski (D-MD) announce final FY2014 appropriations. NAEVR has coordinated an ongoing dialogue about NIH/NEI funding between Senator Mikulski’s office and its Maryland members—ARVO, Association of Schools and Colleges of Optometry, BrightFocus Foundation, and Foundation Fighting Blindness.

In November 2013, Senate Labor, Health and Human Services, and Education (LHHS) Appropriations Subcommittee Chair Tom Harkin (D-IA) addressed a standing room-only crowd of advocates for government programs funded through the LHHS appropriations bill. In addition to thanking them for “speaking for people who don’t have voices,” he challenged them to strenuously oppose the inclusion of sequester cuts in the FY2014 budget agreement. Earlier in 2013 and under Senator Harkin’s leadership, the Subcommittee reported out a “regular order” bill that would have eliminated sequester cuts that was useful in the FY2014 omnibus negotiations.

NAEVR focused the vision community’s FY2014 advocacy on restoring the sequester cuts. AEVR supported the NonDefense Discretionary (NDD) United’s development and November 2013 release of its report entitled Faces of Austerity: How Budget Cuts Have Made Us Sicker, Poorer, and Less Secure. The report’s chapter on biomedical research funding emphasizes that the sequester cuts are jeopardizing innovation, economic growth, competitiveness, and the biomedical researcher career life line. NAEVR and ARVO were signatories on community letters by NDD United and the Ad Hoc Group for Medical Research to Congress urging replacement of the sequester.

NAEVR on FY2014 NIH/NEI Funding

NAEVR issued a statement on the omnibus, thanking Congress—especially the appropriations leaders—for their efforts to partially restore the sequester cuts, but noting that the funding level does not allow for growth or balance biomedical inflation, as well as adequately fund the NEI to address the challenges of the “Decade of Vision.”