**President Proposes Modest NIH and NEI Increase**

On March 4, President Obama released a proposed FY2015 budget. Since Congress already has an FY2015 discretionary spending cap of $1.014 T negotiated through the Bipartisan Budget Act of 2013, the President’s budget has been described as more of a “wish list” than a legislative mandate. Details of NIH and NEI funding were not available until their respective Congressional Justifications (CJs) were posted on March 7. The NEI CJ is especially instructive, as its budget is based on an operational net versus the Congressionally appropriated level.

**NIH:**

The President requests NIH funding at $30.13 B, an increase of $200 M or 0.7 percent over FY2014. Additionally, he proposes a new Opportunity, Growth and Security Initiative, which is a $0.9 M or 0.15 percent increase over the NEI’s FY2014 operational net of $674.25 M. NEI proposes to spend 85 percent of its budget on extramural research, consistent with past practice, and will fund 23 fewer Research Project Grants in FY2015 versus FY2014. The NEI CJ provides insights into NIH policies and priorities as the budget proposes to:

- Maintain the Salary Cap at Executive Level II.
- Increase the Program Evaluation Transfer levied on all DHHS agencies from the current 2.5 percent to 3 percent.
- Increase NIH’s commitment to the BRAIN Initiative to $100 M from the $40 M in FY2014, the first year of this initiative. Combined, the NIH, the Defense Advanced Research Projects Agency (DARPA), and the National Science Foundation (NSF) are committing $200 M in FY2015 to the initiative, double that of FY2014.
- Increasing NIH’s investment in the Cures Acceleration Network (CAN), the initiative within the National Center for Advancing Translational Sciences (NCATS) to accelerate the translation of research.

**Secretary Sebelius Defends President’s Budget at House Hearing**

On March 13, Secretary Sebelius was the lone witness at a hearing of the House LHHS Appropriations Subcommittee regarding President’s FY2015 budget for DHHS. Although the clear focus of the hearing was funding and implementation of the Affordable Care Act—with questions in that regard coming from all Republican members—there were comments and questions regarding NIH.

Subcommittee member and Ranking Member of the Appropriations Committee Cong. Nita Lowey (D-NY) expressed her concern about the President’s proposed modest FY2015 NIH funding increase. She noted that, despite FY2014 appropriations restoring $1 B of the $1.7 B cut by the FY2013 sequester, the proposed budget would not fully restore NIH to the pre-FY2013 level. She reminded all that Congress worked on a bipartisan basis to double the NIH budget from FY1999-2003.

Cong. Andy Harris, M.D. (R-MD) also questioned the President’s commitment to NIH, as the budget proposes to increase from 2.5 percent to 3 percent the Program Evaluation Transfer that the NIH and other DHHS agencies must pay to fund cross-cutting programs, such as the National Center for Health Statistics. Dr. Harris noted that the proposed 0.5 percent TAP increase levied on the $30 B NIH budget would reduce its $200 M FY2015 increase by $150 M. He recommended that the “Department redirect that transfer increase back to NIH so that it essentially has a $350 M increase.” Secretary Sebelius responded that the transfer is directed by the LHHS Appropriations bill, and several veteran Democratic members echoed that it was within the purview of the Subcommittee—and its companion Senate Subcommittee—to make such changes. Although the Obama Administration has proposed in previous budgets to increase the transfer, both House and Senate Subcommittees have kept it at 2.5 percent.

The Subcommittee has scheduled a March 26 hearing with Dr. Collins.

**NAEVR on the President’s Proposal: NEI Funding Goes the Wrong Direction**

NAEVR has urged Congress to fund the NIH at $32 billion and the NEI at $730 million in FY2015 to fully restore the FY2013 sequester cut partially restored in FY2014 and enable an inflationary increase—since the NIH and NEI have lost 22 and 25 percent, respectively, of their purchasing power since FY2003—and modest growth. NAEVR has expressed its disappointment in the President’s budget request:

“As NEI’s budget decreases, the incidence of eye disease and vision impairment increases, as does the associated cost, estimated at $139 B annually in the United States.”

NAEVR is submitting written testimony to the House and Senate LHHS Subcommittees by their respective March 28 and May 23 due dates.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details.

**Dr. Collins Describes new DARPA-like Authority**

In a March 4 DHHS press conference hosted by Secretary Kathleen Sebelius, NIH Director Francis Collins, M.D., Ph.D. described the proposed budget’s creation of a $30 M DARPA-like authority within the NIH Common Fund to rapidly respond to scientific opportunities. He cited as an example projects relating to the peripheral nervous system as an area of research that could benefit from a DARPA model, as the central nervous system is already being addressed through the BRAIN Initiative.

**NEI Pays Tribute to Dr. Jules Stein**

In January, the NEI held a ceremony dedicating a bronze bust of Research to Prevent Blindness (RPB) founder Jules Stein, M.D., who played a leading role in its creation. After a successful career—first as an ophthalmologist and then the founder of the Music Corporation of America (MCA)—Dr. Stein founded RPB and became the leading advocate with Congress to establish the NEI as a free-standing institute within the NIH. “AEVR, the Friends of NEI, would not have existed without RPB’s leadership to create the NEI,” said AEVR Executive Director James Jorkasky, “and RPB continues its unprecedented support of vision research through its March 19 announcement of a $50,000 grant to support AEVR’s sustained educational efforts.”

Left to right: Ambassador and RPB Founding/Current Board Member William vanden Heuvel, RPB Board Member and granddaughter of Jules Stein Katrina vanden Heuvel, RPB President Brian Hofland, Ph.D., and Dr. Sieving