LEGISLATIVE SCORECARD ISSUE—NIH/NEI FUNDING

President Orders Sequester

Despite intense advocacy efforts (see next page), Congress failed to act to avoid the sequester and on March 1, the President ordered the 5.1 cut to nondefense discretionary spending and eight percent cut to defense spending. This results in a $1.6 billion cut to the NIH's $30.6 million FY2012 funding level and a $36 million cut to the NEI's $703 million funding level.

On March 4, NIH Deputy Director for Extramural Research Sally Rockey, Ph.D. sent a letter to all signing officials at NIH-funded institutions that stated: “The Department of Health and Human Services (DHHS) and NIH are taking every step to mitigate the effects of these cuts,” but it is possible grants or cooperative agreements may be affected. In the letter adds, “examples of this impact could include: not issuing continuation awards, or negotiating a reduction in the scope of your awards to meet the constraints imposed by sequestration. Additionally, plans for new grants or cooperative agreements may be re-scoped, delayed, or canceled depending on the nature of the work and the availability of resources.”

Congress Works to Finalize FY2013 Funding

On March 6 and by a vote of 267-151, the House of Representatives passed legislation (H.R. 933) that would finalize FY2013 appropriations. During the week of March 18, the Senate was working to pass its version of H.R. 933 to conference with the House prior to the current six-month Continuing Resolution (CR) expiring on March 27. H.R. 933 combines two of the FY2013 appropriations bills which the House had already finalized, the Defense and MilCon-VA bills, along with a CR that extends funding for other government agencies at the FY2012 level. However, the funding within the bill is subject to sequestration cuts, which means that the funding rate within the legislation is approximately $984 billion, the level required by the President’s sequestration order and $59 billion less than the FY2012 spending cap of $1.043 trillion mandated by the Budget Control Act of 2011.

NIH/NEI would still be subject to the sequester, noted above. For the Department of Defense’s (DOD) Vision Trauma Research Program (VTRP), the news is better. Since H.R. 933 contains the FY2013 Defense bill language passed in July 2012 that increased VTRP funding from $5 million to $10 million, the program would receive that amount, minus the eight percent sequestration cut, netting $9.2 million.

Senate Appropriators Question Administration About Sequester Impact

On February 14, new Senate Appropriations Chair Barbara Mikulski (D-MD) held a hearing on the sequester’s impact, attended by almost all 30 Committee members, which included witnesses from federal agencies. Federal Controller Danny Werfel of the Office of Management and Budget (OMB) commented that, for NIH, “there will be hundreds fewer awards” and that the sequester would “jeopardize jobs and prior research, as well as set back research into major diseases.” Despite party affiliation, Committee members expressed grave concerns about the sequester, described as a “self-inflicted wound” by Senator Mikulski and “the worst that could happen to this country outside of war,” by Senator Dianne Feinstein (D-CA). Many Senators also blamed themselves by admitting that Congress failed to take appropriate action. Although Senator Mikulski remarked that the day’s focus was the sequester, she promised that under her leadership the Senate would proceed with “regular order” bills in the FY2014 appropriations process.

House Holds FY2014 LHHS Hearings, NAEVR Testsifies

On March 5 and despite Congress not yet finalizing FY2013 funding and the President not yet issuing an FY2014 proposed budget (expected April 8), House LHHS Appropriations Subcommittee Chair Jack Kingston (R-GA) presided over a hearing that included DHHS agency heads, including NIH Director Francis Collins, M.D., Ph.D., who emphasized NIH’s value in terms of public health impact and as a domestic and global economic engine. He stated that he chairs a group of research agency directors from several countries and that they have “read the U.S. playbook” in terms of investing in research. “As we go around the table, I hear about planned increases in research funding in these countries, and when it is my turn to speak, I indicate that if we are lucky, NIH will have flat funding,” he said.

On March 13, NAEVR testified at the Subcommittee’s Public Witness hearing, requesting FY2014 NIH funding at $32 billion and NIH funding at $730 million. NAEVR—which was one of 24 organizations selected out of 150 that had requested to appear—was represented by Hendrik Scholl, M.D., who serves as The Dr. Frieda Derdeyn Bambs Professor of Ophthalmology at the Wilmer Eye Institute of the Johns Hopkins University School of Medicine. Dr. Scholl, who received his medical degree in Germany and completed a fellowship in London, provided an international perspective on the importance of adequate funding. As a clinician-scientist who focuses on diseases of the retina, primarily retinal degenerations that include AMD, he cited examples of NEI’s leadership in determining the genetic basis of disease. Chairman Kingston acknowledged that his father lost his vision due to AMD.

NAEVR member organization, the Coalition for Usher Syndrome Research, was also selected to testify. Susie Trotochaud from Georgia, a parent of two children with Usher Syndrome Type 1, which is characterized by profound deafness at birth followed by blindness in early adolescence, requested the Subcommittee to encourage FY2014 NIH funding at $20 million for Usher to promote more research into the disease.

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