

rehabilitation when characterizing NIH-supported research. Finally, the Committee encourages NCMRR to explore the broader social, emotional and behavioral context of rehabilitation, including effective interventions to increase social participation and re-integrate individuals with disabilities into their communities.

SMA Newborn Screening.—The Committee applauds NICHD for funding a pilot study of newborn screening for spinal muscular atrophy [SMA] that will confirm the efficacy and accuracy of the SMA screening technology. The Committee understands that newborn screening holds promise for assisting with early interventions of SMA and developing improved and more standardized care protocols for patients living with SMA, and it may also assist in the development of potential drug therapies. Natural history, pre-clinical and preliminary clinical data all suggest that potential therapies will demonstrate the greatest effectiveness when delivered presymptomatically. The Committee encourages NICHD to support the development of crucial follow-up care protocols for children identified with SMA through the pilot study, and to report on progress made in this area in the fiscal year 2013 budget justification.

Vulvodynia.—The Committee is encouraged by positive signs that NICHD is devoting greater attention to this long-neglected condition, especially with regard to stimulating interest in both the intramural and extramural research community and ensuring adequate representation of vulvodynia experts on peer-review panels. The Committee expects to be updated on progress in these areas in the fiscal year 2013 congressional budget justification. The Committee also notes that vulvodynia often coexists with other persistent pain conditions, including interstitial cystitis, fibromyalgia, temporomandibular joint and muscles disorders, irritable bowel syndrome, endometriosis, headache, and chronic fatigue syndrome. The Committee strongly urges the creation of a trans-NIH research initiative that will support studies aimed at identifying common etiological pathways among these disorders, with the goal of developing potential therapeutic targets.

NATIONAL EYE INSTITUTE

Appropriations, 2011	\$700,828,000
Budget estimate, 2012	719,059,000
Committee recommendation	692,938,000

The Committee recommendation includes \$692,938,000 for the National Eye Institute [NEI]. The budget request for fiscal year 2012 is \$719,059,000 and the comparable level for fiscal year 2011 is \$700,828,000.

Age-Related Macular Degeneration [AMD].—The Committee commends NEI for conducting the Comparison of AMD Treatments Trial, a comparative effectiveness trial of the two leading anti-angiogenic drug therapies currently used to treat the “wet” form of AMD.

Diabetic Eye Disease.—The Committee acknowledges the NEI Diabetic Retinopathy Clinical Research Network’s results that laser treatment for diabetic macular edema, when combined with anti-angiogenic drug treatment, is more effective than laser treatment alone, and notes that this finding will revolutionize the standard

of care that has been in place for the past 25 years. With NIDDK leading a new NIH strategic plan to combat diabetes, NEI's research through its various diabetic eye disease networks will be more important than ever.

Genetic Basis of Eye Disease.—The Committee commends NEI for elucidating the genetic basis of devastating eye diseases, such as AMD, retinitis pigmentosa and glaucoma. The Committee is pleased that, building upon the first successful use of genome-wide association studies [GWAS] to determine the increased risk of developing AMD from gene variants, NEI has created a new International AMD Genetics Consortium to bring together researchers to share and analyze GWAS results to further determine the genetic basis of the disease.

Translational Research.—The Committee commends NEI's translational research initiatives through partnerships with other ICs, other agencies within HHS, and private funding organizations. The Committee acknowledges NEI's leadership of the human gene therapy clinical trial for neurodegenerative eye disease Leber Congenital Amaurosis, which has indicated that the treatment is safe and produces lasting visual improvement, and it is pleased that NEI is expanding the trial to younger patients with less severe disease.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2011	\$683,724,000
Budget estimate, 2012	700,537,000
Committee recommendation	676,033,000

The Committee recommendation includes \$676,033,000 for the National Institute of Environmental Health Sciences [NIEHS]. The budget request for fiscal year 2012 is \$700,537,000 and the comparable level for fiscal year 2011 is \$683,724,000.

Multidisciplinary Research.—The Committee notes that research conducted through NIEHS is steadily revealing previously unrecognized influences of environmental exposures on a wide range of diseases and conditions, including breast cancer, autism, obesity, asthma and chemical sensitivities, and has the potential to lead to novel methods of preventing, detecting and treating disease. The Committee commends NIEHS for its research across many disease areas, including the Institute's translational and community-based studies, and involving those living in rural communities.

Public Health Hazards.—The Committee recommends that NIEHS address the public health hazards associated with exposure to volcanoes, such as on the Big Island of Hawaii, and continue efforts to evaluate the health impact of natural environmental hazards.

NATIONAL INSTITUTE ON AGING

Appropriations, 2011	\$1,100,481,000
Budget estimate, 2012	1,129,987,000
Committee recommendation	1,088,091,000

The Committee recommendation includes \$1,088,091,000 for the National Institute on Aging [NIA]. The budget request for fiscal year 2012 is \$1,129,987,000 and the comparable level for fiscal year 2011 is \$1,100,481,000.