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Senate Report 110-107 - DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2008

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NATIONAL EYE INSTITUTE

Appropriations, 2007	\$667,116,000
Budget estimate, 2008	667,820,000
Committee recommendation	681,962,000

The Committee recommends an appropriation of \$681,962,000 for the National Eye Institute [NEI]. The fiscal year 2007 appropriation was \$667,116,000 and the budget request is \$667,820,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

As explained in the opening section on the NIH, the budget request includes a contribution to the Common Fund equal to 1.3 percent of the Institute's budget. The other amounts above do not include any contribution for the Common Fund.

Age-related Macular Degeneration [AMD]- The Committee commends the NEI for its trans-institute research into the cause, prevention and treatment of AMD, the Nation's leading cause of blindness, including the identification of gene variants associated with an increased risk for AMD, which presents an opportunity to predict and preempt the disease. The Committee encourages further research into diagnostics for early detection and appropriate therapies. The Committee also applauds the NEI for initiating the second phase of its Age-related Eye Disease Study [AREDS], in which additional dietary supplements are being studied to determine if they can demonstrate or enhance their protective effects against progression to the advanced form of AMD, as shown with dietary zinc and antioxidant vitamins in the study's first phase.

Diabetes Management Devices- The Committee is aware that a significant proportion of Americans with diabetes are visually impaired and that there are currently no state-of-the-art glucose monitoring or insulin delivery devices that are user-friendly and accessible to Americans with blindness and low vision. The Committee therefore urges the NEI, in collaboration with the NIDDK and the Food and Drug Administration, to sponsor a scientific workshop that would include representatives from diabetes management device manufacturers and representatives of organizations that address the technology access needs of Americans with low vision or blindness to document and clarify the technical capabilities of the devices currently on the market and to develop standards for device accessibility for Americans with

low vision or blindness.

Diabetic Eye Disease- The Committee applauds the NEI for the collaborative efforts of the Diabetic Retinopathy Clinical Research Network to test innovative treatments for diabetic eye disease. The Institute is encouraged to expand and extend the network by increasing the number of clinical trials with new drugs and therapeutics that can treat and prevent diabetic retinopathy.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2007	\$642,002,000
Budget estimate, 2008	637,406,000
Committee recommendation	656,176,000

The Committee recommends an appropriation of \$656,176,000 for the National Institute of Environmental Health Sciences [NIEHS]. The fiscal year 2007 appropriation was \$642,002,000 and the budget request was \$637,406,000. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

As explained in the opening section on the NIH, the budget request includes a contribution to the Common Fund equal to 1.3 percent of the Institute's budget. The other amounts above do not include any contribution for the Common Fund.

Alternative Methods- The Committee commends the National Interagency Center for the Evaluation of Alternative Methods/Interagency Coordinating Committee on the Validation of Alternative Methods [NICEATM/ICCVAM] for commencing a process for developing a 5-year plan to research, develop, translate and validate new and revised non-animal and other alternative assays for integration of relevant and reliable methods into the Federal agency testing programs. The 5-year plan shall be used to prioritize areas, including tiered testing and evaluation frameworks, that have the potential to most significantly and rapidly reduce, refine or replace laboratory animal methods while at the same time providing an adequate degree of scientific certainty for protection of health and the environment.

Asthma- Given the link between environmental factors and the onset of asthma, chronic obstructive pulmonary disease [COPD], and pulmonary fibrosis, the Committee encourages the NIEHS to further develop research initiatives to understand the environmental and genetic risk factors for predisposing some individuals to and in controlling the severity of these lung diseases.

Autism- The Committee remains strongly interested in possible environmental causes or triggers of autism. The Committee commends the NIEHS for convening an expert panel in May 2006 regarding thimerosal exposure in response to fiscal year 2006 report language. The report from the workshop, titled 'Thimerosal Exposure in Pediatric Vaccines,' concluded that comparing the rates of autism in the Vaccine Safety Datalink [VSD] over the time period before, during and after the removal of thimerosal from most childhood vaccines would be 'uninformative and potentially misleading.' The report also outlined three alternate studies that could address possible associations between thimerosal exposure and increased rates of autism. The Committee urges the NIEHS to evaluate the merit of conducting these alternate studies and provide an update in the fiscal year 2009 congressional budget justifications.

Behavioral Research- The Committee encourages the NIEHS to maintain its steps toward integrating basic behavioral and social science research into its portfolio. The NIEHS is urged to expand partnerships with OBSSR and other institutes to fund research on common interest

including gene and environment interactions and health.

Bone Marrow Failure Diseases- While there are no known causes of bone marrow failure diseases such as aplastic anemia, myelodysplastic syndromes [MDS], and paroxysmal nocturnal hemoglobinuria [PNH], they have been linked to environmental factors. The Committee encourages the NIEHS to work with the NHLBI and NCI to fund research that explores these links.

Genes and Environment Initiative- The Committee strongly supports the trans-institute effort of the NIEHS and NHGRI to identify the genetic and environmental underpinnings of asthma, diabetes, cancer, and other common illnesses, focusing on the development of innovative technologies for assessing the role that environmental exposures and genetic variation play in the risk of developing disease.

Global Environmental Health- The Committee encourages the Institute's effort to develop a Global Environmental Health Initiative designed to identify diseases where environment plausibly constitutes a significant contributor to human disease, develop methodological approaches for advancing research and interventions/therapies on this topic, and support successful and meaningful research in global environmental health.

Lupus- As lupus can be triggered by environmental factors, the Committee encourages the Institute to expand and intensify research on this disease.

Parkinson's Disease- The Committee commends the NIEHS for funding the Collaborative Centers for Neurodegenerative Disease Environmental Research [CCNDER] to foster multidisciplinary research approaches to elucidate gene-environment interactions in neurodegenerative diseases. The Committee encourages the NIEHS to ensure that the CCNDER program continues to pursue promising Parkinson's research resulting from the Collaborative Centers for Parkinson's Disease Environmental Research [CCPDER] program. The Committee also encourages the NIEHS to work in conjunction with other NIH institutes and CDC, as necessary, to investigate the incidence of Parkinson's disease, including age, occupation, and geographic population clusters, and related environmental factors relating to the disease. The Committee requests an update on these efforts in the report discussed under the NINDS.

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