

**NAEVR Written Statement by Peter J. McDonnell, M.D.,  
May 19, 2006, Senate LHHS Appropriations Subcommittee**

Thank you, Chairman Specter and Members of the Subcommittee for inviting me to speak. I am Dr. Peter McDonnell, director of Wilmer Eye Institute at Johns Hopkins University School of Medicine. I am representing the National Alliance for Eye and Vision Research. NAEVR is a coalition of 55 member organizations that represents the entire community of support for eye and vision research. This includes all of the eye care professionals—the ophthalmologists and optometrists and others serving on the front lines in ensuring our nation's vision health, the companies that produce innovative treatments—drugs and devices and, most importantly, national groups that represent patients who have experienced the loss of independence and diminished quality of life from vision loss and blindness.

I am here to support adequate funding for the National Institutes of Health (NIH) as a whole, and for the eye and vision research conducted by the National Eye Institute (NEI), in particular. As a practicing ophthalmologist and NEI-funded investigator, I deeply appreciate Congress' past bipartisan support for medical research through doubling the NIH budget. That action has had a profound, positive impact on the pace of discovery, and has served to improve the quality of lives of millions of Americans while reducing healthcare costs. However, NAEVR is deeply concerned that these dramatic gains have been eroded by negative funding in the past four budget cycles, especially with the impact of the biomedical inflation rate of 3.8 percent.

For FY2007, the President's budget proposes to cut the NEI budget by 0.8 percent, or \$5.3 million. This will have a significant detrimental impact on the entire NEI research portfolio, including research into blinding eye diseases, epidemiological research into the incidence and cause of vision health disparities and vision "quality of life" research into low vision, chronic dry eye and safe senior driving. Currently, more than 38 million Americans age 40 and older experience blindness, low vision or an age-related eye disease such as age-related macular degeneration (AMD), glaucoma, diabetic retinopathy or cataracts. This accounts for a significant portion of the current annual cost of \$68 billion for vision impairment and eye disease in the U.S.

Most importantly, the FY2007 budget will result in "missed opportunities" to further NEI research into AMD, which is the leading cause of blindness in the U.S. and increasingly robs seniors of their independence. As a result of the NIH's doubling and NEI's predictive, preemptive and personalized approach to vision research under the leadership of NEI Director Dr. Paul Sieving, there have been several breakthroughs in this disease, as acknowledged by NIH Director Dr. Elias Zerhouni:

- In collaboration with the National Human Genome Research Institute (NHGRI), NEI-funded researchers identified variants of a gene associated with the body's inflammatory response that are responsible for 50 percent of the risk of developing advanced AMD. Without adequate funding, NEI will not be able to develop diagnostics for early detection of at-risk individuals and conduct clinical studies with promising therapies, as well as to further study the impact of the inflammatory response in other degenerative eye diseases.

- NEI's Age-Related Eye Diseases Study (AREDS) demonstrated that high levels of dietary zinc and antioxidant vitamins are effective in reducing vision loss in individuals at high risk of developing advanced AMD. Without adequate funding, NEI will not be able to proceed with follow-up clinical studies with additional dietary supplements, used singly and in combination, to demonstrate even greater protective effects against progression to advanced AMD.
- In collaboration with the National Cancer Institute (NCI) and National Heart, Lung and Blood Institute (NHLBI), NEI's research into factors that inhibit new blood vessel growth has resulted in the first generation of Food and Drug Administration (FDA)-approved drugs to treat the abnormal blood vessel growth in the "wet" form of AMD, halting further vision loss. Without adequate funding, NEI will not be able to conduct clinical studies of existing and new therapies, used singly and in combination, to not only stop disease progression but to restore vision. Additionally, NEI's ability to conduct clinical studies of these therapies in patients with macular edema associated with diabetic retinopathy will be jeopardized. Past NEI research into treatments for diabetic retinopathy, primarily laser photocoagulation, has resulted in treatments that are more than 95 percent effective and save the healthcare system more than \$1.6 billion annually.

In addition to a direct impact on research, the proposed cuts to NEI funding will have a significant and detrimental effect on the vision research community. Not only do we risk losing established investigators to other areas of research that are adequately funded, we may also fail to attract young investigators to the field to keep the research pipeline strong. NAEVR is especially concerned about the impact on clinician scientists who have been so instrumental in the translation of NEI's basic research into clinical applications that directly benefit patients.

Vision impairment and eye disease is a major public health problem that is growing and which disproportionately affects the aging and minority populations. Adequately funding the NEI is a cost effective investment in our nation's health, as it can delay, save and prevent expenditures to the Medicare and Medicaid programs.

NAEVR requests FY2007 NIH funding at \$29.8 billion, or a 5 percent increase over FY2006, to balance the biomedical inflation rate and maintain the momentum of discovery. NAEVR requests that Congress make the nation's vision health a top priority by funding the NEI at \$711 million in FY2007, or a 6 percent increase over FY2006. This "Citizens Budget" is the amount that the vision community has determined to be necessary to advance the breakthroughs from NEI's basic and clinical research that will result in treatments to prevent eye disease and restore vision.

Mr. Chairman and Subcommittee members, thank you for this opportunity to speak and present NAEVR's request for increased funding for the NIH/NEI in FY2007.