

President's Message

NIH Reauthorization Will Fundamentally Change Research

While NAEVR is leading our community on a number of issues relating to research, the most important current challenge relates to the National Institutes of Health (NIH) reauthorization legislation expected to be introduced shortly by the House Energy and Commerce Committee.

On July 12, I was in the midst of Capitol Hill visits with Committee members—joined by Dr. Dunbar Hoskins and Cathy Cohen of the American Academy of Ophthalmology (AAO) and NAEVR Executive Director Jim Jorkasky—when the initial “Discussion Draft” of legislation was issued. Joined by NAEVR Legislative Counsel John Porter, we prepared for our next day’s meeting with Committee chair Joe Barton (R-TX).

At that meeting, I shared my perspectives as a member of the Institute of Medicine (IOM) Committee that developed a set of recommended changes at NIH. Although stressing how pleased I was that 8 of 14 recommendations appeared in the draft, especially those to strengthen the Office of the

Director and increase transparency, I expressed our community’s concern about the draft’s elimination of line item budgets for individual Institutes, such as the National Eye Institute (NEI). By grouping Institutes into one line item—such as the proposed grouping of 15 mission-specific Institutes that includes the NEI—the medical research advocacy community will lose an important “check and balance” that occurs through Congressional review of the extensively-revised internal NIH budget-development process.

Although our community supports NIH Director Dr. Elias Zerhouni’s leadership, especially his efforts to promote collaborative research, there are many concerns about the current draft’s impact on the NIH. In his comments during the Committee’s July 19 hearing on the draft, Dr. Zerhouni cautioned that changes need to be implemented gradually as not to cause a “disequilibrium.” I am pleased that his comments also acknowledged the discovery by NEI-funded researchers of a gene associated with age-related macular degeneration (AMD), which he has mentioned frequently since his participation in the ARVO Annual Meeting in May (see story inside).



Dr. Ryan

NAEVR will continue to lead on this issue by engaging our community in advocacy—not only with the House authorizers and appropriators, but also with the Senate Health, Education, Labor and Pensions (HELP) Committee and Senate appropriators. In that regard, I want to thank a number of network members who have brokered their relationships with Members of Congress to share NAEVR’s message, including the AAO, ARVO, the American Optometric Association, Prevent Blindness America and the Foundation Fighting Blindness. We will need all members’ support when legislation is introduced. ■

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