

Hearing on Fiscal Year 2011 Budget Priorities for Labor, Health and Human Services,
Education, and Related Agencies Appropriations
Before
The Subcommittee on Labor, HHS,
Education and Related Agencies
May 12, 2010
2pm

Testimony by Neil Bressler, MD
Wilmer Eye Institute at the John Hopkins University School of Medicine
Baltimore, Maryland
On Behalf of the American Academy of Ophthalmology

The American Academy of Ophthalmology requests Fiscal Year (FY) 2011 NIH funding at \$35 billion, which would result in NEI funding at \$795 million. This funding level would increase the level of grants available to researchers, maintain the momentum of research, and leverage the investment that Congress has already made in NIH and NEI.

**AMERICAN ACADEMY OF OPHTHALMOLOGY
TESTIMONY IN SUPPORT OF INCREASED
FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH (NIH)
AND THE NATIONAL EYE INSTITUTE (NEI)
LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES
APPROPRIATIONS SUBCOMMITTEE OF THE
U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON APPROPRIATIONS
May 12, 2010**

Thank you for the opportunity to appear before you today in support of appropriations for the National Institutes of Health (NIH) and the National Eye Institute (NEI). My name is Neil Bressler, and I am The James P. Gills Professor of Ophthalmology at the Johns Hopkins University School of Medicine. I currently serve as Chief of the Wilmer Eye Institute's Retina Division. I also Chair the FDA Ophthalmic Devices Panel, and chair the Data and Safety Monitoring Committee which oversees all intramural clinical trials by the National Eye Institute, and have been the recipient of many NIH grants to chair large scale multicenter clinical trials, most recently a comparative effectiveness study conducted at more than 50 clinical centers by the Diabetic Retinopathy Clinical Research Network; this network which confirmed just two weeks ago a treatment breakthrough for saving the vision of people with a common diabetic eye disease, and I am pleased to be here testifying on behalf of the American Academy of Ophthalmology, the world's largest organization of eye physicians and surgeons.

It's particularly appropriate, Mr. Chairman, to discuss vision and preventing blindness today as May is Healthy Vision Month, a designation to elevate vision as a health priority for the Nation. We need our vision to work, read, drive, and distinguish faces in this room. The Academy and the vision community commends Congress for \$10.4 billion in NIH funding in the American Recovery and Reinvestment Act (ARRA), as well as FY2009 and FY2010 funding increases that enabled NIH to keep pace with biomedical inflation after six previous years of flat funding that resulted in a 14 percent loss of purchasing power. The Academy supports a fiscal year 2011 NIH funding level of \$35 billion which would result in NEI funding at \$795 million. This funding level would increase the level of grants available to researchers, maintain the momentum of research, and leverage the investment that Congress has already made in NIH and NEI through ARRA funding to allow us to continue to make breakthroughs which reduce blindness throughout the world.

In June and July of 2009, Congress spoke volumes in passing S. Res 209 and H. Res 366, which acknowledged NEI's 40th anniversary and designated 2010-2020 as *The Decade of Vision*, in which the majority of 78 million Baby Boomers will turn 65 years of age and face greatest risk of aging eye disease. I was personally proud that the resolutions recognized that the NEI has been a leader in clinical research, and specifically referenced the series of trials that I chair through the Diabetic Retinopathy Clinical Research Network. The NEI estimates that more than 38 million Americans age 40 and older experience blindness, low vision, or an age-related eye disease such as macular degeneration, glaucoma, diabetic retinopathy or cataracts. This is expected to grow to more than 50 million Americans by the year 2020. The economic and societal impact of eye disease that I see every day is increasing not only due to the aging population, but due to its disproportionate incidence in minority populations and as a co-morbid condition of chronic disease such as diabetes.

The recent treatment breakthroughs which are having a huge impact on reducing vision impairment and blindness from these common eyes diseases suggests that this is not the time for a less-than-inflationary increase that nets a loss in NEI's purchasing power, previously eroded by 18 percent in fiscal years 2003 through 2008. Even with increases in baseline NEI appropriations in FY2009 and FY2010, the NEI is still catching up with this loss in purchasing power. Past NEI-funded basic and translational research has resulted in treatments and therapies to slow the progression of vision loss and restore vision for Americans of all ages and races. The growing economic and societal costs of vision impairment and eye disease are substantial, and adequately funding NEI is a cost-effective investment in our nation's vision health.

I would also like to point out that the NEI's research addresses the preemption, prediction and prevention of eye disease through basic, translational, epidemiological and comparative effectiveness research which also address the top five NIH priorities, as identified by Dr. Collins: genomics, translational research, comparative effectiveness, global health, and empowering the biomedical enterprise. The NEI received \$175 million in ARRA funding which resulted in 333 ARRA-related awards, the majority of which reflect investigator-initiated research that funds new science or accelerates ongoing research. Several examples of this research include:

- Using a recently discovered biomarker to develop an early detection method of the advanced stage of age-related macular degeneration, a leading cause of vision loss in the United States;
- Developing a clinical treatment for diabetic retinopathy (DR) that uses stem cells from the patient's own blood to repair damaged vessels in the eye;
- Evaluating existing data on the effectiveness of various treatment options for primary open angle glaucoma which disproportionately affects African Americans and Latinos.

The baseline funding increases in FY2009 and FY2010 have also enabled the NEI to fund key research networks that are studying such issues as:

- The genetic basis of glaucoma, the second leading cause of preventable blindness;
- The risk, diagnosis, and treatment of neuro-ophthalmic disease, such as visual dysfunction due to increased intracranial pressure and thyroid eye disease ; and
- As I mentioned, the NIH just issued a press release only 2 weeks ago announcing the publication of a comparative-effectiveness study which confirms a new treatment for swelling of the retina from diabetes, the main cause of central vision loss in people with diabetes, which can affect as many as 30% of people who have had diabetes for at least 20 years and affect the ability to read, drive, work, and distinguish faces. This study shows that eye injections of a medication, often in combination with laser, results in better vision than laser treatment alone, the standard care for the past 25 years. Nearly 50% of patients who received this new treatment experience substantial visual improvement and fewer than 5% experience substantial vision loss. Diabetic retinopathy is the most common cause of vision loss in working-age Americans, and the investment by Congress to the NIH to make studies such as these possible is an example of the huge, successful impact that these funding increases can have on the quality of life and productivity of America. .

The unprecedented level of FY2009-2010 vision research funding is moving our nation that much closer to the prevention of blindness and restoration of vision. With an overall NIH funding level of \$35 billion and an NEI funding level of \$794.5 million, the vision community can accelerate these

efforts, thereby reducing healthcare costs, maintaining productivity, ensuring independence and enhancing quality of life.

If Congress does not increase FY2011 NIH funding above the President's request, it is even more vital to improve upon the proposed 2.5 percent increase for NEI. The NIH budget proposed by the Administration and developed by Congress during the very first year of the Congressionally-designated *Decade of Vision* should not contain a less-than-inflationary increase for NEI due to the enormous challenges it faces in terms of the aging population, the disproportionate incidence of eye disease in fast-growing minority populations and the visual impact of chronic diseases such as diabetes. If Congress is unable to fund NIH at \$35 billion in FY2011 (NEI level of \$794.5 million) and adopts the President's proposal, the 2.5 percent increase in funding must be increased to at least an inflationary level of 3.2 percent to prevent any further erosion in NEI's purchasing power. NEI funding is an especially vital investment in the overall health, as well as the vision health, of our nation. We have examples of great successes as a direct result of your increased funding previously; this track record shows that research from the NEI can ultimately delay, save and prevent health expenditures by avoiding vision impairment and blindness, especially those associated with the Medicare and Medicaid programs, and is therefore a cost-effective investment.

In closing, I would just like to summarize and encourage the Subcommittee to increase the funding level of the NIH to \$35 billion or at a minimum, increase NEI funding by at least 3.2 percent in FY2011 in order to continue the momentum of vision saving research in the United States. Missed opportunities in eye and vision research will translate into increased government dependence and a decreased quality of life for many aging members of the baby boom generation. I see this everyday in my work as a retina specialist and as a leader of NIH-sponsored clinical trials designed to reduce blindness from many common eye diseases. Not working today to stave off debilitating eye diseases will have huge and grave economic and social repercussions for America's future.

Thank you for your consideration.

ABOUT THE AMERICAN ACADEMY OF OPHTHALMOLOGY

The American Academy of Ophthalmology is a 501c (6) educational membership association. The Academy is the largest national membership association of Eye M.D.s with more than 27,000 members, over 17,000 of which are in active practice in the United States. Eye M.D.s are ophthalmologists, medical and osteopathic doctors who provide comprehensive eye care, including medical, surgical and optical care. More than 90 percent of practicing U.S. Eye M.D.s are Academy members.

**Subcommittee on Labor, HHS, Education
and Related Agencies**

Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

Neil M. Bressler, MD
Wilmer Eye Institute at the Johns Hopkins Hospital
600 N. Wolfe Street, Maumenee 752
Baltimore, MD 21287
410-955-8342

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

The American Academy of Ophthalmology

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2007?

X Yes No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

Neither me nor the organization I am representing. The grant is from the National Institutes of Health to my employer, The Johns Hopkins University School of Medicine. The amount is \$115,040.20.

Signature: *Neil M Bressler* Date: *5/6/10*

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.

Neil M. Bressler, MD

**The Retina Division, Wilmer Eye Institute (Department of Ophthalmology),
Johns Hopkins University School of Medicine, Baltimore, Maryland, USA**

Dr. Bressler graduated from the Johns Hopkins University School of Medicine in 1982, followed by an ophthalmology residency at Harvard Medical School's Massachusetts Eye and Ear Infirmary in 1986. He returned to join the faculty at the Wilmer Eye Institute at Johns Hopkins University School of Medicine, where he is currently Chief of the Retina Division and has an endowed chair as the inaugural James P. Gills Professor of Ophthalmology.

His main research interests have been collaborative efforts in clinical trials of common retinal diseases, including age-related macular degeneration and diabetic retinopathy, having chaired several NIH-sponsored and industry-sponsored multicenter randomized clinical trials. Currently as Chair of the NIH-sponsored Diabetic Retinopathy Clinical Research Network, he has extensive involvement regarding guidelines, policies, protocol development and implementation to facilitate Network operations in an open and transparent fashion. The Network priority initiatives include involvement of both community-based and university-based practices and collaboration with industry in a way that maintains academic integrity and optimal clinical trial performance and recently published a treatment breakthrough resulting in substantially better vision for people with diabetes in a government sponsored comparative effectiveness study. He also chairs the National Eye Institute's Data and Safety Monitoring Committee for intramural clinical trials, and is Chair of the FDA Ophthalmic Device Panel.

Beyond ophthalmology, he chairs, the Johns Hopkins University School of Medicine's Committee on Outside Interests, including financial conflicts of interest. As a member of the Board of Trustees for the Interlochen Center for the Arts in Michigan, he also shares responsibility for an entity which engages and inspires people worldwide through excellence in educational, artistic and cultural programs for the arts.