

BACKGROUND

Since 1994, the Burn Injury Model Systems (BMS) program, sponsored by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), has been the primary source of innovative research that consistently delivers, demonstrates, and evaluates medical and rehabilitation services designed to meet the needs of individuals with severe burn injuries. In addition, the BMS provides a full range of services covering the entirety of the rehabilitation process from acute services at the time of injury through a person's transition back into the community. The research findings the BMS provides help patients, professionals, and the national and international public better understand and support the lifelong needs of those impacted by burn injuries. The Phoenix Society for Burn Survivors is the leading national survivor nonprofit with a 40-year history and has worked closely with the BMS to advocate for the lifelong needs of this population. **Greater BMS funding is critical** to help us understand the needs beyond the acute care setting and begin to address them so those injured do not just survive but thrive after a traumatic injury.

The United States burn population has continued to grow with over 425,000 individuals with burn injuries discharged into the community over the past 15 years. More patients are surviving severe burn injuries, with a current survival rate of 97%. Additionally, often those who are affected by a burn injury are underserved and in need of additional resources. However, in its nearly thirty years of existence, federal funding for and the number of Burn Model Systems **has remained essentially unchanged** despite an increase in the survival and prevalence of burn survivors and the need for services, resources, and innovative research that address the chronicity of their condition. Prior to 2022, this funding had remained stagnant at \$1.4 million total annual funding since 1994, while the number of burn survivors followed by each center increased each year. Overall funding for the Burn Model System now stands at \$1.8 million, but **the number of Burn Model System Centers remains the same**, which limits their ability to conduct research representative of the country as whole. The federal funding for the BMS program has not kept up with the demands of this ever-growing population and additionally, has not grown with inflation. Additionally, a hallmark of the other model system programs are separate collaborative funding opportunities amongst model system centers that contribute to a major source of innovation in long-term care. In contrast, the **BMS program has never had a collaborative funding opportunity**. We would like to see an expansion in burn specific funding opportunities to address the long-term health needs of those living with burn injury. **While Congress has increased funding for medical research at the National Institutes of Health (NIH) between 2015 and now by an additional \$17.5 billion annually, an increase of 58% to \$47.5 billion, the BMS Model Systems program has not benefited from that funding because NIDILRR is housed within the Administration for Community Living (ACL) and not NIH.**

The BMS sites for FY 2022-2027 are in California, Massachusetts, Texas, and Washington. The limited number of sites has a significant impact on the ability to provide services and resources to the geographically, socioeconomically, ethnically, and racially diverse burn population. With additional sites, a larger portion of the burn population will be able to better access and receive the services and resources the BMS provides. In addition, the lack of increase in per-BMS Center funding has resulted in a **"do more with less" mentality**, leading to tighter budgets that limit the abilities of and increase the burden on the BMS sites as the burn population served continues to grow. Overall, the length of hospital stay per patient has been dropping significantly nationwide over the past two decades, leaving many newly injured individuals with a burn injury less prepared for their transition back into the community (with the adequate education, medical equipment and supplies, therapeutic interventions, and community support and services than they otherwise would have been).

REQUEST TO POLICYMAKERS AND APPROPRIATORS

- Increase the number of Burn Model Systems from 4 to 6 centers - <https://msktc.org/burn/model-system-centers>. This program is long overdue for a significant increase in the number of centers and with funding that considers inflation and the considerable growth in the burn population since the induction of the BMS - **\$5.25 Million annually**.
- Develop a new **funding opportunity for collaborative work** across BMS sites to address the long-term needs of the population- Disability and Rehabilitation Research Projects Program: Burn Injury Model System (BMS) Centers Collaborative Research Project - **\$900,000 annually**.
- Increase funding for the **Burn Model System National Data & Statistical Center (BMS-NDSC)**, <https://burndata.washington.edu/>, which serves as the premier source of longitudinal burn injury-related statistical data in the United States - **\$675,000 annually**.
- Increase funding for the **Model Systems Knowledge Translation Center (MSKTC)**, the MSKTC works with the Phoenix Society for Burn Survivors and the BMS Model Systems on translating research and clinical knowledge into resources needed by the community on topics related to burn injury that are used globally - **\$2 Million annually**.

Burn Model System (BMS) Funding History

