Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400 F 202 828 1125
www.aamc.org

April 21, 2023

NIH Office of Science Policy
6705 Rockledge Drive, Suite 630,
Bethesda, MD 20892

Re: Request for Information on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research (NOT-OD-23-091)

Submitted electronically at https://osp.od.nih.gov/nih-plan-to-enhance-public-access-to-the-results-of-nih-supported-research/.

The Association of American Medical Colleges (AAMC) appreciates the opportunity to provide feedback to the National Institutes of Health (NIH) on the NIH plan to enhance public access to the results of NIH-supported research.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers.

The AAMC continues to support federal efforts to increase access to publications and research data resulting from federally funded research. As previously noted in comments to the White House Office of Science and Technology Policy (OSTP)[1] and NIH[2], "Making these outputs more readily

[1]AAMC Comments to OSTP. Request for Information: Public Access to Peer-Reviewed Scholarly Publications, Data and Code Resulting from Federally Funded Research (85 FR 9488). May 6, 2020. https://www.aamc.org/media/44641/download?attachment.
[2] AAMC Comments to NIH. Re: NOT-OD-20-013: Request for Public Comments on a DRAFT NIH Policy for Data

available advances science by enabling further validation of experimental results, facilitating reuse of hard to-generate data, catalyzing new research and scientific collaboration, and generally promoting more responsible stewardship of federal resources." We also understand that these efforts are complex and resource-intensive and in order to be effective and equitable, must engage the whole of the research enterprise. This includes federal agencies, academic institutions, and the publishing community, as well as community organizations which have been instrumental in creating standards and practices for effective research dissemination. We provide feedback below on the specific topics requested by NIH.

How to best ensure equity in publication opportunities for NIH-supported investigators.

As NIH is well aware, the existence of multiple publishing models as well as varied journal policies create inherent difficulties for researchers as they seek publication opportunities, navigate the processes for making articles publicly available, and access scholarly publications. The current system of publication and its increasing use of article processing charges can disparately impact early-career scientists and researchers in lower-resourced institutions or underfunded disciplines.

We appreciate the intent of NIH to implement an approach to public access which "maintains the flexibility of NIH-supported researchers to publish in the journal of their choice and submit the peer-reviewed manuscript, regardless of whether or not the journal uses an open access model, a subscription model of publishing, or other publication model." In order to achieve this goal, we request that NIH state clearly in the public access plan that researchers will be in full compliance with the requirement to make publications freely available and publicly accessible by depositing the peer-reviewed manuscript into PubMed Central (PMC) and emphasize that this is an option which is available to researchers at no charge. Communicating this detail is an essential element so that researchers understand that NIH is not requiring that grantees publish in a journal that requires authors to pay a fee to enable access to their work, which may exacerbate disparities in publication opportunities. This point is particularly important given the diversity of language and statements used in publisher policies for open access and public access. While NIH does not set publisher policies, we believe there is value to the agency identifying and publicly noting those publishers and journals, such as *JAMA*[3] and *Science*[4], with clear policies that support the NIH public access plan by allowing immediate deposition of the author-accepted manuscript into a public repository. Finally, we also request that information on PMC submission methods, as well as the Public Access Compliance Monitor, be clearly linked in the plan to assist institutions and researchers with this requirement.

Management and Sharing and Supplemental Draft Guidance. Jan. 10, 2020. https://www.aamc.org/media/40536/download?attachment.

[3] Bibbins-Domingo K, Shields B, Ayanian JZ, et al. Public Access to Scientific Research Findings and Principles of Biomedical Research—A New Policy for the JAMA Network. *JAMA*. 2023;329(1):23–24. doi:10.1001/jama.2022.23451.

[4] Parikh, S. Malcolm SM, and B Moran. Public access is not equal access. *Science* 377, 1361-1361(2022). doi:10.1126/science.ade8028

AAMC appreciates the clear assertion that "NIH reinforces that NIH-supported authors should retain rights to the final peer-reviewed manuscript, regardless of the pathway to publication." We ask that proposed language for rights retention be included in the draft plan and released for public comment. We also refer NIH to the language developed[5] by many funders within cOAlition S for researchers to submit to publishers along with their manuscript. The suggested language from NIH will not only be critical for researchers to be able to submit their manuscript to PMC, but also for use and re-use of information contained in and across publications, an essential component to maximize the benefit of the growing number of publications available on PMC.

Methods for monitoring evolving costs and impacts on affected communities.

We believe that NIH is uniquely positioned to understand the nature and amounts of publications costs for NIH-funded researchers. We encourage NIH to develop a systematic effort to collect this information and to understand how these costs impact grant budgets and may differentially affect under resourced investigators and institutions. Given the different mechanisms for funding publication costs (grant-based, departmental, library funds, etc.), we suggest that NIH look beyond the grant budget line item for publications to capture publication expenses more fully. Potential methods for capturing this information include surveying researchers at closeout for additional information on publication costs or through a commissioned study. We also ask that NIH commit to sharing the findings of this research back out to the research community.

As stated in the plan, NIH "proposes to continue to monitor trends in publication fees and policies to ensure that they remain reasonable and do not serve as an impediment to publishing by researchers from limited-resourced institutions or under-represented groups." While AAMC supports the efforts to understand publication costs, this statement does not adequately assure the research community that the NIH will be in a position to address the fees and policies that may prevent some researchers from publishing in certain journals. There is a substantial gap between monitoring costs and ensuring that they remain reasonable. This cannot be accomplished without collaborating and reaching consensus across a wide range of publishers, an undertaking which has proved challenging. We urge NIH to provide additional information regarding the actions that NIH is able to take and would pursue in the case that publication costs are found to serve as an impediment to publishing.

Although NIH has made efforts to uncouple compliance with the public access plan from any particular publication model, we note that the plan, along with many similar changes and requirements from other funders, will have an upstream impact on journals, whether owned by major publishers or small societies. Changes to how articles are accessed will feed into an ongoing and important conversation about the sustainability of current models of publication and how journals are funded, that will have broader consequences than what is discussed in this RFI. Academic researchers are impacted by the publishing process at multiple steps, not only by their ability to

[5] https://www.coalition-s.org/wp-content/uploads/2023/04/cOAlitionSresponseForNIH.pdf

submit to certain journals and access articles, but also the entrenched role that publications in high-impact journals, long held as the gold standard in quality, have in determining tenure and promotion.

Finally, we appreciate NIH's intent to develop supplemental information that elaborates on and clarifies allowable costs for publication and believe this would be most useful for the grantee community if developed and released along with the draft plan to allow time for feedback. We also note the longstanding issue that current publication timelines often do not fit within the closeout period for an NIH grant and urge the agency to take this into consideration.

Steps for improving equity in access and accessibility of publications.

AAMC believes that access to publications by diverse communities of users, including researchers, clinicians and public health officials, students and educators, and patients and other members of the public, should be the driving goal of the public access plan, and considered in any decisions the NIH makes. We recognize the historical inequity in access to publications, especially for individuals not associated with a well-resourced institution.

We appreciate the current practice of making scholarly publications available in accessible and machine-readable formats through PMC. We encourage NIH to continue to work with the broader community on improving article accessibility as well as the PMC interface, particularly to ensure that standards adapt to the latest technology, and also that the agency consider the many factors and broad definition of disability which may impact accessibility, to include physical, sensory, learning, psychological, and chronic health conditions.

AAMC notes the NIH assertion it will "provide additional educational materials and resources to assist the investigator community in improving the accessibility of articles." We request that any resources and educational materials regarding accessibility be directly linked in the final policy and easily findable by NIH grantees.

Early input on considerations to increase findability and transparency of research.

The AAMC strongly supports the use of persistent identifiers (PIDs) and metadata, not only to increase the findability of research, but also to link researchers to their research outputs[6], whether this be publications, data, code, or any other products. AAMC supports a requirement for NIH grantees to have an ORCID ID, as well as DOIs for publications and data resulting from NIH-funded research. As the agency develops these policies, we refer NIH to the considerations for PID adoption from our fellow higher education organizations[7]. Additionally, as AAMC has long been invested in

---

[6] Pierce, H.H., Dev, A., Statham, E., Bierer, B.E. Credit Data Generators for Data Reuse. *Nature*. 2019 June; 570 (7759): 30-32. doi: https://doi.org/10.1038/d41586-019-01715-4

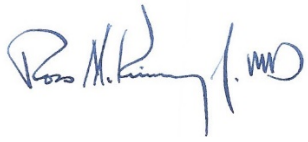
[7] Implementing Effective Data Practices: Stakeholder Recommendations for Collaborative Research Support. September 23, 2020. https://www.arl.org/wp-content/uploads/2020/09/2020.09.25-implementing-effective-data-practices.pdf

tracking trainee career outcomes, we support the requirement for individuals receiving research training, fellowship, research education, and career development awards to also have an ORCID ID.

As NIH notes, PIDs are most useful when they can be linked in standardized ways, and we encourage NIH to look not only to other federal agencies, but also to community organizations, institutions, and societies. Cross-stakeholder groups such as the Research Data Alliance and FORCE11 have spent years developing suggested protocols and standards for both PIDs and metadata that align with the FAIR and TRUST principles. We also emphasize that being able to find and use the shared data resulting from the NIH Data Management and Sharing Policy will require significant investment in infrastructure and agency guidance on metadata standards. AAMC recommends that PIDs for research outputs can be easily linked and found when searching grants on NIH RePORTER.

The AAMC looks forward to continued engagement with the NIH during the development of the agency's public access plan. We are happy to work with the NIH to identify AAMC member institutions or societies to participate in conversations regarding any of these specific topics. Please feel free to contact me or my colleague Anurupa Dev, PhD, Director of Science Policy and Strategy (adev@aamc.org) with any questions about these comments.

Sincerely,



Ross McKinney, Jr., MD
Chief Scientific Officer

cc: David J. Skorton, MD, AAMC President and Chief Executive Officer