

**Recommendations and Comments Submitted to the National Academy of Sciences
Re: "Public Access to Federally-Supported Research and Development Data and Publications:
Two Planning Meetings"**

April 29, 2013

The recommendations and comments below are submitted on behalf of the membership of the Medical Library Association (MLA) and the Association of Academic Health Sciences Libraries (AAHSL). We welcome the opportunity to provide input on plans to accomplish the goal set forth in the OSTP memo of February 22, 2013 to increase access to the results of federally funded scientific research.

We offer the following four recommendations:

1. Agencies whose funding primarily supports health-related research should replicate the successful National Institutes of Health (NIH) model already in place by mandating deposit of publications arising from their funded research into PubMed Central (PMC) www.ncbi.nlm.nih.gov/pmc/. These agencies include, but are not limited to, the Department of Health and Human Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the Occupational Safety and Health Administration, the Substance Abuse and Mental Health Services Administration, and the Food and Drug Administration.
2. Other agencies that provide a smaller percentage of their funding for research on health-related topics should consider utilizing PMC as a centralized digital repository for health-related publications arising from their funded research. This will ensure that all federally funded health-related publications are accessible through a single public repository. These agencies include, but are not limited to, the Department of Defense, the Department of Veteran Affairs, the Environmental Protection Agency, the National Science Foundation and the Department of Agriculture.
3. Deposit of articles arising from taxpayer-funded research into a designated public repository should be mandatory, not voluntary.
4. Other federal agencies impacted by the OSTP directive are encouraged to examine the PMC model as a solution for developing a centralized repository.

MLA and AAHSL members have long supported the position that public access to timely, relevant and accurate health information is vital to the nation's health and will further research, innovation, and development of new knowledge.

For the public to obtain the most benefit from federally funded health research, a centralized repository that includes peer-reviewed articles funded by all Federal agencies, will offer the most logical and efficient access to scholarly publications. Currently, NIH is the only agency that mandates that the full text of publications resulting from their funded research must be deposited into PMC. Full-text articles resulting from research funded by other agencies may be accessible on a variety of other platforms, many of which are proprietary and do not allow free public access. Each platform requires a user to learn a new method to search and retrieve publications. A centralized approach, such as that utilized by PMC, allows users to search and locate articles in one centralized location. An added benefit is that most health-related information is already indexed in Medline, providing access to journal citations, and offering an easy gateway into the full-text articles in PMC. For entrepreneurs looking for ways to mine the literature to develop scientific and technological innovations, one centralized database will allow for easy, efficient and reliable retrieval.

Based on our experience with the NIH Policy, we strongly recommend making the deposit policy mandatory for researchers. When the NIH Public Access Policy was voluntary, the compliance rate was less than 25%, with fewer than 5% of authors depositing articles. Currently, compliance under the NIH Public Access Mandate is about 77%, and it continues to move up. Very recently, the NIH established sanctions for non-compliance. Beginning July 1, 2013, funding for non-competing continuation grants will be delayed if researchers have not deposited publications associated with progress reports in PMC. We anticipate that this will increase the compliance rate to nearly 100%.

MLA's and AAHSL's recommendation that other federal agencies adopt the PMC model in developing one or more centralized repositories is based on our firsthand observation of the significant benefit of easy public access to publications arising from NIH funded research. Today, PMC contains more than 2.7 million articles. The average weekday activity for March 2013 shows that 830,000 users have accessed 1.65 million articles. Usage is not confined to a small subset of articles; rather, a large percentage of the content is accessed annually, leading to broader dissemination of the results of federally funded research and more rapid adoption of evidence-based clinical practice.

In a July 2010 report, the Joint Information Systems (JISC) examined and reported to the Scholarly Publishing and Academic Resources Coalition (SPARC) on the economic impacts of an open access mandate in its publication, **Economic and Social Returns on Investment in Open Archiving Publicly Funded Research Outputs** (<http://www.cfses.com/FRPAA/>). This study concluded that the net present value gains of expanding an NIH-style policy to all other U.S. science agencies would be around \$1.5 billion, with a conservative estimate of a five times cost ROI benefit to the United States. The study was based on a six-month embargo period. If the embargo period were eliminated, the return would increase to nearly \$1.75 billion. While the parameters for the models were based on a Federal Research Public Access Act (FRPAA) model and a six-month embargo, it is clear there would still be a significant cost-benefit of a variation to that model or a longer embargo period.

There are other reasons to favor long-term stewardship of federally funded research by the federal government. It is recognized that publishers add value to scholarly publications through the editorial and production process. Over the last several decades, however, the commercial publishing industry has been extremely volatile as a result of numerous takeovers, mergers and acquisitions. Many publishing companies have been acquired by private investment companies whose main focus is to provide positive returns for investors. In this climate, publishers may abandon long-term stewardship of a scholarly publication if it were no longer profitable. Beyond the profit margin, there may be little incentive for publishers to maintain long-term stewardship of their journals.

In the past, research libraries shared responsibility for long-term stewardship of scholarly information through their print collections. Today, libraries rarely purchase print subscriptions; instead, they license scholarly journals in electronic format and generally do not own the content to which they subscribe. In this setting, where ownership of printed volumes is no longer the norm, it is crucial to have one or more central repositories for scholarly publications maintained by the federal government acting as a steward of our nation's research output.

The federal government is the most appropriate entity to provide permanent stewardship of research which it has funded through tax payer dollars. It is in a unique position to ensure that publicly-funded research articles are permanently preserved and made accessible into the future.

MLA and AAHSL applaud the Office of Science and Technology Policy for its work to increase access to the results of federally funded scientific research. We stand ready to support your efforts as this initiative moves forward.