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Comments of the Medical Library Association
Re: OSTP Request for Comments for Expanding Public Access Policies across the Federal Government

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Submitted via e-mail: publicaccess@ostp.gov

The Medical Library Association (MLA) is pleased to provide comments on the following aspects of expanding public access to peer reviewed publications arising from federal research.

1. How do authors, primary and secondary publishers, libraries, universities, and the federal government contribute to the development and dissemination of peer-reviewed papers arising from federal funds now, and how might this change under a public access policy?

Libraries and librarians presently acquire, organize, promote, and make readily available for their patrons (health care providers, allied health professionals, medical faculty, and the public) the content of journals and databases—both online and in print. Librarians carefully assess their patrons' needs, along with their institutions' available budgets, and negotiate with publishers to license or subscribe to individual titles, journal packages, and databases. Librarians also design online systems to provide ready access to these resources, while educating their patrons about available resources and how best to use them to satisfy needs.

Over the past decade, library acquisition budgets have been strained to maintain their journal collections, as subscription prices for STM (science, technology, medicine) titles have increased far in excess of general inflation. It is true that more content will be freely available with expanded public access policies. This will allow libraries to provide their users with improved service and access to a broader universe of peer-reviewed papers. Under the NIH Public Access Policy where new articles are embargoed for public release for up to 12 months, medical libraries have still been pressured to maintain paid subscriptions in order to have access to the most current research; public access has not led to widespread cancellation of subscriptions, but it has increased access to content. We would expect similar experiences in other fields of science to which public access policies might be extended. Some libraries in non-research institutions may be able to eliminate some current subscriptions and acquire requested recent articles through interlibrary loan networks, publisher pay-per-view services, or commercial providers. A

study concerning the length of an embargo period should be initiated to determine what works best for both users and publishers.

The Federal Government provides funding for research that is summarized in the published scientific literature. It also supports well-regarded and highly utilized repositories including PubMed and other NCBI databases to organize access to journal articles reporting on this research. Through policies such as the NIH Public Access Policy, the Federal government has also created a mechanism for Federal grant-funded research to be made freely available to the scientific and consumer world after a delay of up to 12 months after publication. The Federal government also develops, hosts and maintains the repository (NIH's PubMed Central) for this information, while overseeing implementation and compliance tracking for the NIH Public Access Policy. The government also has a role in providing the public with access to scientific information that results from Federally funded research, and does this through a number of Federal libraries and information centers that are part of science agencies. These organizations can play a role in implementing public access policies, though additional resources may be necessary. These costs could be minimized if those organizations take advantage of systems and procedures developed for implementation of the NIH Public Access Policy.

2. What characteristics of a public access policy would best accommodate the needs and interests of authors, primary and secondary publishers, libraries, universities, the federal government, users of scientific literature and the public?

Having each Federal agency operate under distinct rules for this process would create a bureaucratic nightmare for authors, publishers, and librarians and would likely inhibit compliance. MLA recommends a policy approach that is common to all agencies and is relatively simple for the author/grantee to understand and follow. Ideally, a series of linked databases or repositories associated with different subject disciplines that correspond to each agency covered under the plan should be developed. Resulting material could be made available under a unified searching mechanism, which would access a variety of subject-specific repositories. Policy consistency and uniformity of access mechanisms are highly recommended. The NIH Public Access Policy could be used as a model, utilizing application of its rules, standards, and techniques to the other agencies' policies. Experience to-date with the NIH Public Access Policy has demonstrated that it effectively balances the concerns of various stakeholders and can be designed in ways to facilitate compliance.

3. Who are the users of peer-reviewed publications arising from federal research? How do they access and use these papers now, and how might they if these papers were more accessible? Would others use these papers if they were more accessible and for what purpose?

As relates to Federally funded biomedical research, users of peer-reviewed publications include not only faculty, staff, researchers, and students of institutions of higher education, but also practitioners in medical institutions and the general public. Users access these papers through the Web if the content is freely available, through their

institutional libraries (either online or in person), or through personal subscriptions. Current barriers to access are lack of access to library resources for unaffiliated users, and/or high subscription costs and limited collections for those affiliated with institutions that provide libraries. If papers were made more openly accessible via a public archive, greater access to and use of information would result. Thus, expansion of the public access policy would make these research papers more readily available to all of the users specified above, with researchers, educators and clinicians using these papers to support their investigations and practice of health care, and the general public using this information to answer their clinical queries. As stated in the 2009 MLA/AAHSL statement, "The NIH Public Access Policy Advances Sciences and Promotes Healthy People,"

> *"…patient access to up-to-date quality medical information plays a key role in positive health outcomes and helps reduce health care costs."*
> [http://www.mlanet.org/government/gov_pdf/2009-jan_nih%20plcy_stmnt.pdf]

4. What features does a public access policy need to have to ensure compliance?

MLA recommends that the policy design emphasize simplicity and uniformity with other policies. We also recommend incorporating those features that are effective in implementing the NIH Public Access Policy. It would be easier to ensure compliance if publishers handled the submission of grant-funded research papers to the governmental repository for the grantees. This would minimize the bureaucratic compliance burden currently experienced by authors, research administration departments, and librarians. We recognize that this might be difficult to implement, but a minimum, policies should not prevent publishers from depositing on behalf of authors. We also recommend formation of a working group similar to the NIH Public Access Working Group, [see: http://www.nlm.nih.gov/od/bor/workgroup_charge.html] to serve in an advisory capacity and make suggestions regarding optimal strategies for implementing any new policy.

5. What version of the paper should be made public under a public access policy (e.g., the author's peer-reviewed manuscript or the final published version)? What are the relative advantages and disadvantages to different versions of a scientific paper?

Ideally, the final published version should be made publicly available to eliminate confusion in dealing with and citing different versions and to prevent the problem of possible errors associated with earlier versions. This approach is best in terms of supporting research and good clinical care. This practice would prevent errors from being perpetuated as subsequent papers are derived from the original, and could possibly save lives by ensuring access to the final published version. It might be possible to improve compliance rates and reduce the burden on authors by requiring or encouraging publishers to submit the final published version on behalf of the author to a repository under the jurisdiction of the specific Federal agency that funded the research. This would also ensure that Federal libraries (and agency information centers) have a copy of the final published article that is best suited for preservation and long-term archiving. However, the desirability of access to the final published version must be balanced

against the terms and conditions under which users may access and make use of the deposited manuscript. Publishers are often reluctant to grant broad rights for secondary use of their copyrighted material or to provide access to it in a free, public repository. In such situations, access to the author's peer reviewed manuscript, as with the NIH public access policy, may be preferable.

6. At what point in time should peer-reviewed papers be made public via a public access policy relate to the date a publisher releases the final version? Are there empirical data to support an optimal length of time? Should the delay period be the same or vary for levels of access (e.g., final peer reviewed manuscript or final published article, access under fair use versus alternative license), for federal agencies and scientific disciplines?

While timely access to information can contribute to improved research, clinical care, and personal health, MLA recognizes the desire of publishers for some period of exclusivity. We also believe there is value in having consistent policies across agencies to assist those depositing material and those accessing it. MLA recommends up to a 12-month embargo period before making peer reviewed papers available to the public, as articulated in the MLA/AAHSL statement, "The NIH Public Access Policy Advances Science and Promotes Healthy People" [http://www.mlanet.org/government/gov_pdf/2009-jan_nih%20plcy_stmnt.pdf].

Founded in 1898, MLA is a nonprofit, educational organization of more than 3,900 individual and institutional members in the health sciences information field, committed to educating health information professionals, supporting health information research, promoting access to the world's health sciences information, and working to ensure that the best health information is available to all.

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