## Comments of the Medical Library Association and Association of Academic Health Sciences Libraries

## In response to the Office of Science and Technology Policy [Request for Information: Public Access to Peer-Reviewed Scholarly Publications, Data and Code Resulting From Federally Funded Research](https://www.federalregister.gov/documents/2020/02/19/2020-03189/request-for-information-public-access-to-peer-reviewed-scholarly-publications-data-and-code)

### Document Citation: 85 FR 9488

### Page: 9488-9489 (2 pages)

### Document Number: 2020-03189

### Submitted April 2, 2020

These comments are submitted by Mary M. Langman, Director, Information Issues and Policy, on behalf of the Medical Library Association (MLA) and Association of Academic Health Sciences Libraries (AAHSL) and were written by health sciences librarians who are members of these organizations.

The Medical Library Association (MLA) and Association of Academic Health Sciences Libraries (AAHSL) continue to support legislative and federal initiatives that increase public access to the results of federally funded research. MLA and AAHSL also continue to emphasize the importance of funding the development and support of infrastructure that enables access to these results and supports compliance with these legislative and federal initiatives.

To improve public access to the results of federally funded research, MLA and AAHSL strongly encourage the OSTP and the National Science and Technology Council to consider a “zero-embargo” open access policy, which would require the products of federally funded scientific research (i.e., articles, data, and code) to be publicly available immediately upon publication. This change to the existing policy, which dictates a 12-month embargo on the public availability of federally funded research outputs, has been adopted by other countries [(i.e., Plan S](https://www.coalition-s.org/about/)) as well as foundations, such as [the Bill & Melinda Gates Foundation](https://www.gatesfoundation.org/How-We-Work/General-Information/Open-Access-Policy) (1,2). As recent world events related to COVID-19 have demonstrated, immediate access to high quality scientific literature and data can fundamentally impact the ability of a nation to respond decisively and effectively in the face of an international crisis. [This immediate access also allows for innovation and collaboration to occur in ways that benefit the country as well as the world, as demonstrated by the creation of the machine-readable COVID-19 dataset](https://www.whitehouse.gov/briefings-statements/call-action-tech-community-new-machine-readable-covid-19-dataset/) (3).

When the standard of immediate access (i.e., zero-embargo) is established, providing guidance and workflows to ensure that standard is met will be of utmost importance. Existing platforms, such as PubMed Central, have moved to better connect articles with associated data, which provides a more holistic view of scientific research. Continuing to pursue this connected infrastructure will further accessibility efforts as well as broadly disseminate information necessary to validate and reproduce scientific research. In the case of data and software code, providing clear guidance as to which repositories are appropriate for housing such materials would be extremely beneficial. Additionally,  [as recommended by MLA/AAHSL in their comments on the “Draft NIH Policy for Data Management and Sharing and Supplemental Guidance”](https://www.mlanet.org/p/cm/ld/fid%3D1122%26%26blogaid%3D2812), in recognition of the extra effort required to provide access - and properly maintain - such materials, federally funded research should allow for costs associated with providing timely access to research outputs to be included in budgets (4).

Both MLA and AAHSL are committed to furthering immediate public access to peer-reviewed scholarly publications, data, and code that result from federally funded scientific research. We encourage the OSTP and the NSTC’s SOS to adopt such a position, provide necessary guidance as to how such a requirement will be enforced, and invest in the development of infrastructure to encourage compliance.

**References**

(1) <https://www.coalition-s.org/about/>

(2) <https://www.gatesfoundation.org/How-We-Work/General-Information/Open-Access-Policy>

(3)  [h](https://www.whitehouse.gov/briefings-statements/call-action-tech-community-new-machine-readable-covid-19-dataset/) <https://sparcopen.org/wp-content/uploads/2020/01/SPARC-White-House-Letter-1.pdf> [ttps://www.whitehouse.gov/briefings-statements/call-action-tech-community-new-machine-readable-covid-19-dataset/](https://www.whitehouse.gov/briefings-statements/call-action-tech-community-new-machine-readable-covid-19-dataset/)

(4) [https://www.mlanet.org/p/cm/ld/fid=1122&&blogaid=2812](https://www.mlanet.org/p/cm/ld/fid%3D1122%26%26blogaid%3D2812)

**Organizational Profiles**

[**The Medical Library Association**](http://www.mlanet.org) **(MLA)** is a nonprofit, educational organization with 3,500 health sciences information professional members worldwide. Founded in 1898, MLA provides lifelong educational opportunities, supports a knowledgebase of health information research, and works with a global network of partners to promote the importance of quality information for improved health to the health care community and the public.

[**The Association of Academic Health Sciences Libraries**](http://www.aahsl.org) **(AAHSL)** supports academic health sciences libraries and directors in advancing the patient care, research, education, and community service missions of academic health centers through visionary executive leadership and expertise in health information, scholarly communication, and knowledge management.