



**Association of  
American Medical Colleges**  
2450 N Street, N.W., Washington, D.C. 20037-1127  
**T** 202 828 0400 **F** 202 828 1125  
www.aamc.org

November 9, 2004

NIH Public Access Comments  
National Institutes of Health  
Office of Extramural Research  
6705 Rockledge Drive, Room 350  
Bethesda, MD 20892-7963

By email: [PublicAccess@nih.gov](mailto:PublicAccess@nih.gov)

**Re: Notice of Enhanced Public Access to NIH Research Information, 69 FR 56047**

I am writing on behalf of the Association of American Medical Colleges (AAMC) to express our support for the NIH's proposal to enhance public access to NIH research information. Under the proposal, NIH requests that the agency's grantees voluntarily deposit in an archive of the National Library of Medicine (NLM) copies of manuscripts resulting from NIH funded research, once they have been accepted for publication in qualified, peer-reviewed journals. The proposal further provides that six months after publication, an archived manuscript (or the published article, if the publisher consents) will be made available through NLM's PubMed Central. This proposal has been advanced, in part, as a response to the expressed interest of the House of Representatives for broader public access to the results of NIH research.

The AAMC represents the nation's 125 accredited medical schools, nearly 400 major teaching hospitals, more than 105,000 faculty in 94 professional and scientific societies, and the nation's 66,000 medical students and 97,000 residents. Our member institutions receive more than half of the extramural research funding awarded by the National Institutes of Health, and the scholars and physicians whom we represent substantially contribute to and rely upon the vast body of medical literature affected by this proposal.

NIH has appropriately and commendably confined the objectives of its public access proposal to the agency's own stewardship responsibilities to monitor the progress of its extensive research projects portfolio, and to advance its mission to make health information widely available to the public. However, NIH's proposal comes at a time of profound change affecting medical and scientific communication, as well as the academic and scientific societies that sponsor and facilitate much of the traditional, non-profit biomedical publishing enterprise.

Much of this change is being driven by technological developments that allow the wider and more rapid dissemination of research findings, a massive increase in the volume of available biomedical and health science literature, and the expectation of patients, health consumers and taxpayers that federally-funded research results should be readily available to them.



The organizations represented by the AAMC have a major interest in the evolving scholarly publishing enterprise. Medical school faculties are major providers of the intellectual content of biomedical research journals, and ready access to the biomedical literature is essential for the medical schools' education, research, and clinical service missions. As a result, universities, medical schools and teaching hospitals are investing substantial sums in their libraries and other information resources, and these costs have been rising sharply at rates beyond the general inflation index. Excessively large increases in subscription rates demanded by some for-profit publishers are forcing some of our institutions, solely for economic reasons, to discontinue subscriptions, thereby curbing the availability of some specialty journals to students and faculty.

At the same time, more than half of the 94 academic and scientific societies that are members of the AAMC Council of Academic Societies are non-profit publishers of scientific journals. The societies themselves contribute substantially to the quality of intellectual and scientific discourse - especially through their journals - and their journals are often integral to the societies' vitality and financial health. Serving as leaders in advancing academic and scientific publishing, the societies have developed models that focus increasingly on electronic publication and dissemination, rather than on traditional bound paper journals. In some cases, this transition has substantially reduced operating costs, increased efficiencies in production, sped up the publication cycle, and enhanced the availability of the scientific literature. However, the capital investments necessary to achieve these efficiencies have been substantial, and further evolution may be threatened by changing federal distribution plans.

In view of the complex and rapidly changing context into which the NIH's public access proposal is being introduced, the AAMC urges caution in its implementation and suggests that a well-designed evaluation methodology be established before the policy is finalized.

Matters requiring NIH's close attention and resolution include the following.

- The AAMC believes it is critically important that the publicly accessible content in the PubMed Central (PMC) archive be identical to that in the published literature. The generation over time of two parallel, but different, separately citable literature streams is a recipe for chaos. While many journal publishers may be initially reluctant to cooperate with the archive, we believe that NIH must work aggressively with publishers to ensure that published articles replace posted manuscripts. If this proves impossible, PubMed Central should post links to the published article if it is posted on an alternative electronic archive.
- The proposal envisions *publication* as the trigger that starts the public accessibility clock. A more precise definition of that word is needed to avoid confusion. Many journals now post articles on-line to subscribers as soon as the papers are accepted, often well in advance of release of the printed publication. Other journals may have different



procedures, and the variation could inordinately complicate the oversight of this policy. We urge that the final policy carefully define *publication*.

- The potential cost of the NIH proposal is a matter of concern to many in the community, especially the added cost to PubMed Central for processing and posting manuscripts to its archive. We believe that containing the costs of implementation will be especially important, given the limited increases likely to materialize for the NIH budget in the years ahead.
- The proposal requests that NIH grantees cooperate in depositing manuscripts in the archive upon acceptance for publication. Such a “request” is tantamount to placing the responsibility for complying with this provision directly on the grantee institution. Though how much of a burden this new “request” represents cannot be assessed at this time, NIH should ensure that the proposal does not evolve into a new unfunded mandate for grant compliance.

Finally, to ensure the long-term integrity of the scientific record, expansion of the PubMed Central archive must be implemented in such a way as to ensure the viability of complementary private sector efforts, some of which are already underway.

The AAMC appreciates the opportunity to comment on this important proposal and stands ready to assist the NIH in implementing its goal of enhanced public access to NIH research information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan J. Cohen". The signature is fluid and cursive.

Jordan J. Cohen, M.D.