



April 24, 2023

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

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

Submitted Electronically to:

<https://osp.od.nih.gov/nih-plan-to-enhance-public-access-to-the-results-of-nih-supported-research/>

To Whom It May Concern:

COGR is an association of over 200 public and private U.S. research universities and affiliated academic medical centers and research institutes. COGR concerns itself with the impact of federal regulations, policies, and practices on the performance of research conducted at our member institutions. As recipients of a significant portion of NIH extramural research programs, COGR's member institutions value the opportunity to respond to this request. The White House Office of Science and Technology Policy (OSTP) memo¹ sets forth requirements to increase access to publications and data resulting from federally funded research, and the NIH RFI NOT-OD-23-091 outlines NIH's plans to address this directive. As recipients of federally funded research, ensuring public access to publications and research data resulting from supported research is core to our mission as research institutions and a responsibility we take seriously. COGR looks forward to continuing to engage with the community and the agencies on this important topic and offer the following comments.

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

To best ensure equity in publication opportunities for NIH-supported investigators, we offer the following comments and recommendations.

¹ "Ensuring Free, Immediate, Equitable Access to Federally Funded Research" - <https://www.whitehouse.gov/wp-content/uploads/2022/08/08-2022-OSTP-Public-Access-Memo.pdf>

Costs

As stated in previous comment letters², ensuring public access to publications and research data resulting from federally funded research requires financial investments across the research enterprise. The [2022 OSTP Memorandum](#) notably removes the 12-month embargo period, and while we understand and support the benefits of this policy change, we share in the community's expressed concerns about the potential for shifts in publishing models and increased costs with varying impacts depending on institutional characteristics. It is important that agencies plan accordingly to prevent any inequities.

Publication Cost – While NIH policy allows supported researchers to charge reasonable publishing costs against their awards, it is important to recognize that “reasonable costs” may not account for all costs or account for increased costs due to a shift in the publishing models. We share the community's concerns about the shift in the publishing model towards Article Processing Charges (APC), which is a significant fiscal and cultural change from subscription-based cost models. This shifting model forces institutions to bear an ever-increasing proportion of the costs associated with publishing, including APC, subscription costs, and provision of uncompensated scholarly reviewers. Budgetary constraints may force institutions to make difficult choices about which faculty members to fund, and early career researchers, researchers from institutions with limited resources, and/or under-represented groups may be disproportionately disadvantaged. Although NIH states in the RFI that APC may be charged to NIH grants, unless supplemental funds are provided, these charges will have a significant impact on the overall project budget. We hope that agencies and OSTP will directly address these concerns, and NIH should clearly state all APC, and other publishing costs should be budgeted accordingly in NIH grants and contracts.

Modular Budget Caps – We would like to direct NIH to COGR's recent letter³ that addresses the limitations of modular budget caps. COGR's December 8, 2022 letter provided support and analysis for raising the current modular cap (\$250,000) or eliminating the direct costs cap altogether (thereby allowing for all NIH-funded research to utilize the modular budget format). There has been a significant decline in the number of applications covered by modular budgets since implementation (90% in 1998 compared to 29% in 2021), and the modular cap has limited the ability to support fully all research activities in today's research environment. This is of particular concern within the context of other recommendations being considered by NIH. Modular budgets are steadily squeezed in

² May 6, 2020 Joint Association Letter to OSTP on Public Access RFI - <https://www.cogr.edu/sites/default/files/OSTP-RFI-Public-Access-AAU-APLU-COGR-formatted.pdf>

³ December 2022 NIH Modular Grant Application and Award Process Letter https://www.cogr.edu/sites/default/files/FINAL%20COGR_Modular%20Tabak%20Letter%20November%202022%20%28002%29.pdf

absorbing increased activities, including activities for Data Management and Sharing⁴ and publishing costs. Increasing the modular budget cap or eliminating it together would allow researchers and institutions to account for the true costs of the project without hesitation or a need for tradeoffs to cover public access costs⁵.

Costs Beyond the Award Period/Post-Grant Funding – One area of NIH’s Plan to Enhance Public Access that requires additional clarification is recovery of scholarly publication costs that will occur after the close of a project. These costs include fees associated with storing data and costs for manuscripts published after the grant has ended. We recommend that NIH address how these costs will be covered to meet policy expectations, such as providing supplements to cover costs, including those that occur during a no-cost extension.

Repositories

Reduce Burdens Associated with Scholarly Publication Deposits – The OSTP memo requires that scholarly publications are made available in agency-designated repositories. The NIH Public Access policy requires that scholarly publications be made available in PubMed Central. Some institutions additionally require that publications be deposited into institutional repositories (i.e., eScholarship), and the best practices of some fields recommend discipline-specific repositories. Depending on the situation, a researcher may be required to deposit the same publication in four different places to comply with various policy requirements. Considering the associated administrative burden with meeting various requirements, efforts to centralize and automate deposits into a single point for researchers will reduce the burden. Further, there is a concern that publishers may shift their approach away from automatic deposits to charging fees to deposit. This will increase the associated costs and researcher burden and potentially cause noncompliance with NIH’s public access policy. To help reduce this burden, NIH should consider the following: 1) assume a larger role in creating a single central federal repository for public access, and 2) clarify whether PubMed Central meets the OSTP requirement.

2. Steps for improving equity in access and accessibility of publications.

We are encouraged by NIH’s plan to continue making articles available in human and machine-readable forms to support automated text processing to improve the accessibility of publications. NIH should work with the community to develop procedural improvements to ensure that articles are broadly available through assistive devices.

⁴ December 19, 2022 https://www.cogr.edu/sites/default/files/DMS_COGR_Policy_Review_Dec19_final.pdf

⁵ https://www.aaas.org/sites/default/files/2022-10/OpenAccessSurveyReport_Oct2022_FINAL.pdf?utm_label=&utm_medium=twitter&utm_source=social&utm_campaign=AAAS

3. Methods for monitoring evolving costs and impacts on affected communities.

We appreciate NIH acknowledging the importance of monitoring trends in publication fees and associated policies to ensure that they remain reasonable and equitable. As described above, we are concerned about an adverse shift in publication models that may increase costs and impact early-career researchers, researchers from institutions with limited resources, under-represented groups, and researchers without federally funded research. As such, it is important for NIH to monitor trends and act, if publishing fees increase to ensure that researchers do not face undue burdens to publish. In this regard, we recommend coordination across NIH units, including OSP and OPERA, to ensure efficient practices are developed that reduce burden. To monitor costs, we recommend that NIH perform an assessment to identify equitable funding models. We are particularly concerned that increased costs and burden may disincentivize researchers to publish, leading to a decreased number of publication outputs.

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

COGR supports NIH's efforts to increase the findability and transparency of research by engaging through community dialogue for proposed policies related to PIDs and metadata. A particular area of importance is promoting cross-agency coordination to ensure consistency of agency plans and minimize compliance burden. We look forward to engaging with NIH further on this topic.

NIH should create template language, leveraging existing author addenda created by stakeholders and best practice organizations that may be utilized by researchers and institutions during the publication process to retain not only the right to publicly share an accepted manuscript but to create derivative works and to distribute the peer-reviewed manuscript under an open license even when publishing in a subscription journal (III.C.1). One example of this is the SPARC⁶ addendum. NIH should also consider encouraging licenses to permit sharing and reuse (i.e., Creative Commons and other similar protocols) that enable broad circulation of scholarly publications. To maximize the impact of the above, NIH should consider what mechanisms and processes could be put in place to encourage researchers to use the provided template language and select less restrictive licenses. Finding ways to give researchers cause to use such resources would go a long way toward equitable compliance and ensuring the impact of funded research results is maximized.

Additional Comments

⁶ <https://sparcopen.org/our-work/author-rights/brochure-html/>

Harmonization – Policy harmonization across agencies is needed to incentivize researchers to engage in the open sharing of research outputs, assist institutions in compliance, and help maintain equity across funding agencies and researchers. One possible solution is the creation of more one-stop-shop access points for researchers that integrate grantee and funder operating procedures and requirements. One illustrative example is the PASS System developed by Johns Hopkins University, which is making great strides in simplifying the reporting, sharing, and compliance components of federally funded research.

COGR appreciates the opportunity to comment on this Request for Information. Please contact Krystal Toups at ktoups@cogr.edu if you have questions.