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U.S. Department of Health and Human Services (HHS)

Title

UC Comments in Response to NOT-OD-23-091, "Request for Information on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research"

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https://escholarship.org/uc/item/93x6z1b4

Journal

N/A

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Publication Date

2023-04-24

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OFFICE OF THE VICE PRESIDENT – RESEARCH AND INNOVATION

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

April 24, 2023

Office of The Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

RE: UC Comments in Response to NOT-OD-23-091, "Request for Information on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research"

Dear Sir or Madam:

I write on behalf of the University of California (UC) system responding to the Request for Information (RFI) on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research issued on February 21, 2023. The UC system is comprised of ten campuses, six academic health centers, and three affiliated U.S. Department of Energy national laboratories.

The UC is committed to cultivating open research practices and values public and immediate access to scholarly publications, data and code. This systemwide commitment is demonstrated by the Academic Senate and Presidential open access policies, the Faculty *Declaration of Rights and Principles to Transform Scholarly Communication*, and the university's work to transition away from subscription-based scholarly communications towards sustainable, open access publishing models. UC is also actively involved in the development of community-led open infrastructure for data sharing and scholarly journal publishing to further support open access to research results.

The UC system supports NIH's plan to remove the allowable embargo period that submitters may select when submitting articles to PubMed Central (PMC) under the current Public Access Policy. In our comments, we respond to the specific topics presented in the RFI as well as provide feedback on NIH's plan regarding persistent identifiers and metadata.

1. **Strategies to ensure equity in publication opportunities for NIH-supported investigators**

UC has identified two areas which significantly impact equity in publications opportunities for NIH-supported researchers:

Burdens associated with multiple scholarly publication deposits: Depending on the situation, a researcher may be required to deposit the same publication in multiple repositories to comply with institutional, funder, and federal policy requirements. This creates significant administrative burden in addition to posing compliance risks. We ask that NIH work with universities and publishers to automate multi-repository deposits as a single workflow to decrease burden on authors. Through automation, an author publishes their work as part of the normal publication process, and the article is then routed to the appropriate repositories to ensure high rates of policy compliance.

Publication Cost: It is critical that NIH continue to fund charges for open access publishing. These costs have equity implications, particularly for early career researchers working toward tenure who need publications but have limited funding costs for publications. It also disproportionately impacts researchers from institutions with limited resources and/or under-represented groups. For example, R2 universities may not be as successful identifying institutional funding sources to pay for open access if the grant cannot. UC asks that NIH prominently and consistently remind grantees to consider their publishing needs when finalizing their budgets. As a further step, NIH should provide supplemental funding for these costs, which often happen after an award has closed.

2. **Steps to improve equity in access and accessibility of publications**

Accessibility Considerations for Color-Blind Audiences: Ensuring the accessibility of research for all readers, regardless of disability, should be a shared commitment among authors, funders, and publishers. Case in point: According to the American Academy of Ophthalmology, 8% of men and 0.5% of women are color blind. By those estimates, it would seem this affects some 13 million Americans. In addition, technologies like screen readers or other devices cannot necessarily correct this issue if figures and images in publications aren't otherwise made accessible. There are glasses and contact lenses which can provide correction, but these are not affordable to all who desire to read research articles and their associated figures. As such, NIH should consider including in their guidance for authors the requirement that figures to be accessible to a color-blind audience. This goal can be achieved simply by using symbols as well as colors to distinguish data sets on a graph, something already available in most software.

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

UC appreciates NIH acknowledging the importance of monitoring trends in evolving costs and associated policies to ensure that they remain reasonable and equitable. As described above, we are concerned about publication costs and the impact this may have on early career researchers, researchers from institutions with limited resources, and under-represented groups. We recommend NIH perform an assessment to identify equitable funding models. Along with any monitoring efforts, we ask that NIH act in a timely manner if publishing fees increase, offering solutions for researchers to appropriately fund publication costs. We also ask NIH to work to put pressure on publishers who charge excessive fees for publication.

UC also recommends that NIH provide guidance to the research community on how to recover the costs of scholarly publications that will occur after the close of a project. This guidance should

consider costs 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.

Lastly, the research community needs infrastructure to support a thriving ecosystem of scholarly publications and sound data management practices. This type of infrastructure would be most effective if institutions (or a collection of institutions) created and maintained the infrastructure, rather than leaving researchers to individually try and build the infrastructure. Therefore, we strongly suggest that NIH explore ways to support institutions to build and scale needed infrastructure. NIH has provided this support in other policy areas, such as the SMART IRB platform designed to ease common challenges associated with initiating multisite research and to provide a roadmap for institutions to implement the NIH Single IRB Review policy.

4. **Input on considerations to increase findability and transparency of research**

Licenses for Sharing and Reuse: NIH should consider allowing licenses for permitting sharing and reuse (i.e., Creative Commons and other similar protocols) that enable broad circulation of scholarly publications. Depending on the license selected, researchers may translate an article to engage with international colleagues; collaborate to undertake large-scale computational analysis; and re-publish a report in a thematic collection. Such licenses typically grant permission for reuse alongside contractual obligations for attribution; even in cases where they do not, citation remains an expectation of research universities and societies.

To further encourage and promote a more equitable approach, NIH should consider the following:

1. Provide resources and template language that may be utilized by researchers and institutions seeking to retain not only the right to publicly share an accepted manuscript, but also to distribute this peer-reviewed manuscript under an open license even when publishing in a subscription journal (III.C.1).
2. Allow publication fees to be incorporated into grant budgets only in cases where a Creative Commons or other specified open license will apply (III.D.1). Where a license other than Creative Commons Attribution 4.0 International (CC BY) is used, applicants should be able to justify this choice.
3. Clarify in plain language the use of PMC content (noting examples of inappropriate uses, such as redistribution of PMC content for sale, as this may be allowed by licenses applied to submitted manuscripts (III.C.2)).

Lastly, NIH's existing Plan for Increasing Access to Scientific Publications and Digital Scientific Data from NIH Funded Scientific Research, published February 2016, states that "NIH is also exploring the possibility of using the government use license specified in 45 CFR 74.36 to help make papers public. Under these terms, the government has a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so." We ask that NIH share the results of that exploration with the research community.

5. Input on NIH's Plan regarding Persistent Identifiers and Metadata

Persistent identifiers (PIDs) and open metadata are crucial tools in enhancing research discoverability and transparency while saving time and resources, improving data quality, and generating valuable insights. However, to realize these benefits, widespread adoption is needed. While UC has seen growing awareness of and interest in PIDs, the speed of implementation remains slow, and stakeholders lack incentives to accelerate implementation. Stakeholders also lack concrete guidance on which PIDs to use. NIH has a unique opportunity to promote best practices with PIDs in their own systems and workflows, encourage broad adoption, and unlock new opportunities for discovery, insights, and innovation. As a concrete step towards these best practices, UC suggests that NIH recommend the following set of openly available core PIDs:

- Digital Object Identifiers (DOIs) for research outputs (articles, datasets, preprints, other works)
- ORCID IDs for researchers
- Research Organization Registry (ROR) IDs for research institutions
- Funder IDs or ROR IDs for research funders
- Grant IDs (a form of DOI) for research grants
- DMP-IDs (also a form of DOI) for data management plans

Thank you for the opportunity to comment on this important issue and we look forward to continued engagement on this issue as further policies and other guidance are developed. If you have any questions regarding UC's comments, please contact Agnes Balla, Director, Research Policy Analysis and Coordination, at Agnes.Balla@ucop.edu.

Sincerely,

Deborah Motton, Ph.D.
Executive Director
Research Policy Analysis and Coordination
University of California, Office of the President