

October 5, 2022

Lawrence A. Tabak, D.D.S., Ph.D.  
Acting Director  
National Institutes of Health  
9000 Rockville Pike  
Bethesda, Maryland 20892

Dear Dr. Tabak,

On behalf of the Council of Medical Specialty Societies, a coalition of 48 medical specialty societies committed to education and scholarship, I wanted to share considerations from the perspective of specialty societies and our medical journal publishers as you develop the National Institute of Health's (NIH) plan in response to the Office of Science and Technology Policy's (OSTP) memorandum of August 25<sup>th</sup> on *Ensuring Free, Immediate, and Equitable Access to Federally Funded Research*.

The biomedical research community has long supported public access to scientific literature for our authors, patients, and researchers. We agree that scientific discoveries are enhanced with the sharing of information. We hope NIH also agrees that the publication of an article in an established journal provides multiple benefits to the author including, but not limited to, peer review, copy-editing, graphic support and enabling the author to reach a targeted audience of readers. The process of peer review allows critical assessment of research findings, which can influence vital details such as drug use and/or implications for public health. There are multiple reasons why authors want to publish in the most highly regarded journals in their fields, including the fact that such publication conveys distinction upon the author. Likewise, there is value to the reader in knowing that the journal has taken the time and made the effort to carefully consider submitted articles, identify expert reviewers, and provide editorial feedback. Above all it signals scientific integrity and improves the reproducibility of the science.

As you work to put your implementation plan in place, we ask that you consider the following:

- Eliminating the embargo shifts the cost of maintaining peer review and publishing efforts to authors, researchers, and institutions. Researchers need to know that their grant awards will be increased to cover these costs. We hope that the plan will provide detail on how this can be accomplished.
- It remains unclear how the data deposit mandate will be achieved; as you know, existing data deposit requirements are not always adhered to. We have experienced cases where authors did not prepare for data deposit and hence, needed to engage in an entirely unexpected approval process after submission of their manuscript. There are significant legal and privacy concerns in making all research data freely available. Moreover, making these data publicly available worldwide may also weaken the U.S. position internationally. We hope that we can participate in a plan to develop clear guidance for author adherence to a data repository.

- Given that the protection of intellectual property is an author's first line of defense, we ask that you consider upholding copyright protection. A Creative Commons license (CC BY) that allows for the free use of the material without any parameters may misrepresent the science and lead to erroneous conclusions. A Creative Commons license that does not allow commercial or derivate use (CC BY-NC-ND) would allow the science to be publicly available while protecting the author's intellectual property against commercial exploitation.

The current publishing model supports the quality and reproducibility of the science by maintaining the scholarly record, and as such, remains paramount in the dissemination of scientific research results. We hope you will engage with the community of scientific publishers as you work to finalize this process.

Our specialty societies would be pleased to engage in further dialogue. I can be reached at [hburstin@cmss.org](mailto:hburstin@cmss.org).

Sincerely,

A handwritten signature in black ink, appearing to be 'HB', written in a cursive style.

Helen Burstin, MD, MPH, MACP  
Chief Executive Officer  
Council of Medical Specialty Societies

cc: Lyric Jorgenson, PhD  
Acting Director, Office of Science Policy  
National Institutes of Health