Subject: High Cost to Authors for Open Source Peer Reviewed Publications  
(Res. 604-A-17)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee F  
(Julia V. Johnson, MD, Chair)

At the 2017 Annual Meeting, the House of Delegates referred Resolution 604, “High Cost to Authors for Open Source Peer Reviewed Publications,” to the Board of Trustees. Resolution 604, introduced by the Pennsylvania Delegation, asked:

That our American Medical Association (AMA) investigate the high dollar costs open source publication rules currently present to the dissemination of research, especially by less well-funded and/or smaller entities; and

That our AMA make recommendations to correct the imbalance of knowledge suppression based solely on financial considerations.

It is important to note that the above resolution indirectly addresses the Open Access Movement (OA) and the fees associated with OA journals. Our AMA publishes some journals that charge these fees. This report aims to explain OA and our AMA’s involvement with this practice.

Additionally, our House of Delegates has adopted relevant policy. Policy G-630.090, AMA Publications, “affirms that JAMA and The JAMA Network journals shall continue to have full editorial independence as set forth in the AMA Editorial Governance Plan.”

BACKGROUND ON THE OPEN ACCESS MOVEMENT

OA refers to research published online that is free of all restrictions on access (e.g., subscriptions and other usage fees) and of some restrictions of use (e.g., certain copyright and license restrictions). Widespread public access to the internet in the late 1990s and early 2000s fueled the OA movement.

Active debate over the economics and reliability of various ways of providing OA continues among researchers, academics, librarians, university administrators, government officials, publishers, and editorial staff. Still, OA is gaining acceptance, and many US and all EU research funders now require that journals offer OA options to the authors supported by their grants.

Conventional non-open access journals cover publishing costs through fees, such as subscriptions, site licenses, and pay-per-view charges. However, OA journals do not sell subscriptions, charge for site licenses, or sell advertising. Their only revenue is from Article Processing Charges (APCs), which help cover costs to review, edit, process, distribute, and host the articles online. These fees
typically range between $3,000 and $5,000 per document. Therefore, OA journals shift the expense of publishing to the investigators and authors.

OPEN ACCESS AND THE JAMA NETWORK®

_JAMA_ does _not_ offer OA in exchange for APCs. All original research articles published in _JAMA_ are made free to everyone six months after the official date of publication, whether or not the research was publicly funded by the National Institutes of Health (NIH). This release date is well within the NIH Public Access Policy’s mandate of 12 months. All specialty journal original research articles are released for public availability after an embargo period of 12 months in accordance with the NIH Public Access Policy.

With the launch of _JAMA Oncology_ in 2015, however, our AMA began to offer an OA option to authors. Through a “hybrid” journal model, authors whose research funders require OA are able to choose the OA option. Our AMA charges APCs around $4,500 to $5,000. However, authors who cannot or do not want to pay for the OA option are not required to pay anything. Approximately 10% of authors to date have chosen the OA option. Generally, funders, not authors, desire OA, and the vast majority of authors select the conventional subscription model.

Because this hybrid model approach appears to balance the demands of funders, changing markets, and business models, it was extended to _JAMA Cardiology_, which was launched in 2016. This model also recognizes the needs and limited resources of independent researchers and authors. Therefore, the hybrid model approach was applied to all 11 of our AMA’s specialty journals across The JAMA Network on April 1, 2017.

DISCUSSION OF THE RESOLVEDS

The reference committee rightfully believed that our AMA is not in a position to direct or recommend that other medical journal publishers reduce or eliminate their OA fees, especially when fees are a necessary component of OA model journals. Likewise, our AMA cannot instruct international research funders to abandon their OA requirements and support only subscription based journals.

Our AMA Publishing division has investigated the range of OA fees charged by commercial and medical society publishers; the fee charged by The JAMA Network specialty journals falls within this spectrum. The JAMA Network journals require adequate revenue to process, peer review, and publish articles of high quality. As such, current OA fees of $4,500 to $5,000 are reasonable, given journal production and hosting expenses. Moreover, our AMA continues to offer a no-fee option for authors, while providing the OA option for research funders that require and will pay for OA.

Further still, according to a recent investigation commissioned by our AMA, several OA journals, whether purely OA or a hybrid, offer discounts or waivers for their APCs. Discounts or waivers are often considered on a case-by-case basis or offered to authors from low-income or developing countries, based on the HINARI Access to Research Initiative or World Bank figures. This finding highlights the idea that many publishers are cognizant of some authors’ financial hardships and are willing to consider each author on an individual basis.

During testimony on the resolution, concern with “predatory publishers” emerged as a central theme. While this concern about predatory publishers is not found in the resolution itself, it became a significant focus of testimony, with findings and materials on predatory publishers entered into testimony. Predatory publishers, as they have come to be known, hold themselves out as OA
journals and purport to offer traditional services, such as peer review, editing, and publication in return for APCs. Unfortunately, authors soon realize that their submissions receive little or no peer review or that the editors listed are not actually on the editorial board. Further still, some predatory publishers fail to adequately inform authors of any charges or fees before their submissions are approved for publication; some of these publishers deny authors the ability to withdraw their submissions, forcing authors to either pay the fees or make their research ineligible for publication in another journal under academic ethics standards.

Understandably, these predatory publishers pose a great cause of concern for the medical profession and our AMA. While estimates as to the number of predatory publishers vary, the problem has become significant enough for the Federal Trade Commission to take action. On August 25, 2016, the Commission filed a complaint against OMICS Group Inc. and two affiliated companies, alleging that OMICS failed to disclose publishing fees until after submissions were approved for publication and then would not allow researchers to withdraw their articles, invented an Impact Factor and falsely informed authors that their journals are indexed by federal research databases (e.g., PubMed and Medline).

Our AMA has advocated for and will continue to lead the movement for widespread dissemination of medical knowledge and research. JAMA’s Key Objective aims “[t]o promote the science and art of medicine and the betterment of the public health.” JAMA and its specialty journals are committed to this mission.

RECOMMENDATION

The Board of Trustees recommends that Resolution 604-A-17 not be adopted and that this report be filed. AMA Publishing, however, plans to implement a process for waiving or reducing OA fees when authors are not supported by funders or cannot afford to pay OA fees.