

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 610
(A-23)

Introduced by: American College of Rheumatology, American Academy of Allergy, Asthma and Immunology, American Academy of Neurology, American College of Physicians, American Society of Anesthesiologists, American Society of Hematology, American Society for Radiation Oncology, American Thoracic Society, American Urological Association, Association for Clinical Oncology Endocrine Society

Subject: NIH Public Access Plan

Referred to: Reference Committee F

1 Whereas, In 2022 the White House Office of Science and Technology Policy (OSTP) issued
2 a memo on Ensuring Free, Immediate, and Equitable Access to Federally Funded Research,
3 which established new guidance for improving public access to scholarly publications and data
4 resulting from federally supported research; and

5 Whereas, The OSTP memo directed federal agencies to update policies to allow public access
6 to federally funded research without an embargo, and the National Institutes of Health (NIH)
7 subsequently issued its proposed NIH Plan to Enhance Public Access to the Results of NIH
8 Supported Research; and

9 Whereas, The directive requires that peer-reviewed scholarly publications containing any
10 content derived from federal funding, including data on which a study is based are made
11 immediately available, at no cost, by the end of 2025; and

12 Whereas, The rapid implementation of the NIH plan, and specifically the elimination of the 12-
13 month embargo, is extremely disruptive and may negatively impact the financial underpinnings
14 of scholarly publishing and dissemination, and result in multiple unintended consequences; and

15 Whereas, This reverses a 2013 policy permitting such manuscripts to remain behind a
16 subscription paywall for a one-year period before being accessible for free. The current
17 compromise “12-month embargo” acknowledges the cost of assessing and publishing scientific
18 content and takes into account interests of publishers, researchers, and public funders of
19 research, and reflecting Congress’ guidance that the Administration take into consideration the
20 role scientific publishers play in the peer review process in ensuring the integrity of the record of
21 scientific research, including the investments and added value they make; and

22 Whereas, Our American Medical Association has longstanding policy that it will continue to work
23 with publishing and professional organizations, and continue to work with Congress to prevent
24 any changes to the current policy that requires public release of NIH research articles within 12
25 months of publication; and

26 Whereas, While there are undoubtedly advantages to these policies in that new knowledge
27 described in published scientific manuscripts will become immediately available to researchers,
28 scientists, and the lay public without a subscription – in theory allowing efforts to replicate

1 results and the application of new scientific and clinical knowledge faster – the NIH plan as
2 proposed may not achieve these goals due to several likely unintended consequences; and
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4 Whereas, The NIH plan as proposed is likely to have unintended negative consequences for
5 equity, quality, peer review, scientific record oversight, financial sustainability, and the future of
6 scientific research, resulting from the need for journals to substantially modify their business
7 models; and
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9 Whereas, Publications from medical and scientific societies provide an important platform to
10 disseminate the most significant advances in specific medical and scientific fields. Historically,
11 some of the most impactful and paradigm-shifting work has been published in society journals,
12 where external, rigorous, scientific peer review is critical. Unfortunately, the NIH will encourage
13 a pay-to-publish model that puts society journals and medical societies at substantial financial
14 risk while jeopardizing scientific excellence in biomedical research; and
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16 Whereas, As scientists are forced into a pay-to-publish model, the NIH Public Access Plan may
17 create substantial inequity in those able to contribute to the body of peer-reviewed published
18 scientific research, because necessary changes to business models will likely shift financial
19 responsibility from subscribers to the researchers seeking to have their research published,
20 creating substantial additional barriers for those seeking publication. Many researchers
21 including junior scientists who often have limited funds will find these fees prohibitive. When
22 funds are unavailable, publishing completed work will be delayed or abandoned, hindering the
23 dissemination of new knowledge – precisely the opposite of the desired policy goals; and
24

25 Whereas, Clinical journals focus on expedient but thorough review and publication of research
26 that affects patient care—not in a matter of years, but sometimes hours. Societies use journals
27 to disseminate clinical practice guidelines that impact research practice or clinical decisions,
28 rules of hospitals and clinics, spending by government and insurers, and ultimately public
29 health. The guidelines are developed at great expense and with a significant resource burden.
30 Utmost care is taken that they are current on the research, provide appropriate guidance based
31 on proper methods and analysis of evidence, and bar any industry influence. Vigilance in
32 publication research integrity and conflict of interest management gives confidence to clinicians
33 and researchers that published information has been verified and is reliable; and
34

35 Whereas, Maintaining this trusted role in society, at a time when disinformation is rampant,
36 requires a significant investment. However, in the absence of significant revenue from
37 subscriptions, publishers will lack resources to maintain meaningful peer review. Diligent peer
38 review, management and public disclosures of conflicts, and data and figure integrity checks are
39 vital parts of the process. Threats such as plagiarism, “paper mills,” and fraudulent data are
40 increasingly present and require steady attention; and
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42 Whereas, These developments have the potential to cause significant harm to the viability of the
43 U.S. biomedical research enterprise, and the OSTP and federal funding agencies may not fully
44 appreciate the extent to which zero embargo public access policies will disrupt the entire
45 ecosystem of the research enterprise; and
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47 Whereas, A careful examination of the updated policy and more extended time to hear concerns
48 from medical societies and the public is warranted, along with consideration of alternatives to
49 increase access to scientific publications while maintaining quality; and
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51 Whereas, Given these serious concerns, it is critical that any plan that may disrupt the existing
52 business model for scientific journals is implemented in a way that minimizes adverse

1 consequences and ensures continued equitable access to quality clinical research; therefore be
2 it

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4 RESOLVED, That our American Medical Association work with publishing and professional
5 organizations, and work with Congress, to raise awareness of possible adverse consequences
6 of the proposed National Institutes of Health Public Access Plan and to mitigate such
7 consequences to ensure continued equitable access to quality clinical research. (Directive to
8 Take Action)

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Fiscal Note: Minimal - less than \$1,000

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RELEVANT AMA POLICY

NIH Public Access Policy D-460.977

Our AMA will: (1) continue to work with publishing and professional organizations, and continue to work with Congress to prevent any changes to the current policy that requires public release of NIH research articles within 12 months of publication; and (2) continue to advocate that free content be accessed at the AMA's online journal web sites, rather than at a government site, to preserve our brand and to promote use of other AMA resources.

Citation: BOT Rep. 36, A-06; Reaffirmed: BOT Rep. 06, A-16;

High Cost to Authors for Open Access Peer Reviewed Publications D-478.964

Our AMA Board of Trustees will continue to monitor the Federal Trade Commissions actions in relation to predatory publishers and will disseminate the information to our AMA members.

Citation: BOT Rep. 10, I-17; Modified: Speakers Rep., A-18;