



AMERICAN SOCIETY OF HEMATOLOGY

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Dr. Dianne DiEuliis
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Attn: Open Government
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Via Electronic Submission to: publicaccess@ostp.gov

Dear Dr. DiEuliis:

The American Society of Hematology (ASH) appreciates this opportunity to respond to the Office of Science and Technology Policy's December 9, 2009 request for public comments on Public Access Policies for Science and Technology Funding Agencies across the Federal Government.

ASH represents over 16,000 scientists and clinicians committed to the study and treatment of blood and blood-related diseases. These diseases include malignant hematologic disorders such as leukemia and lymphoma, non-malignant conditions including anemia and hemophilia, and congenital disorders such as sickle cell anemia and thalassemia. ASH members are active participants in federal programs, recipients of federal grants, and contributors to the federal government's research accomplishments. The Society publishes the premier scientific journal in hematology, *Blood*, and is committed to a collaborative relationship with the government to assure that important research findings are published and disseminated by print and electronic means to the public through rigorous independent peer review.

ASH fully supports the goal of increasing access to research publications. In fact, ASH supports free access to *Blood* on the broadest possible basis. Although ASH cannot adopt or support a publishing model that is not economically sustainable over the long run, certain sections of the journal are always free on-line: abstracts and tables of contents, *Inside Blood* commentaries, "How I treat" articles, and five research articles every issue. *Blood* maintains a 12-month embargo for current articles, but content older than 12 months is free to all on-line. In addition, ASH and many other not-for-profit publishers allow free immediate access to selected articles with important public health or clinical significance and distribute free articles to scientists working in many

third world nations. As a result, more scientific papers are available now to more people than at any time in history.

While federal funds may support – in whole or in part – the research reported in journal articles, it is extremely important to realize that the federal government does not pay for the very important

processes that lead to the publication of that research. ASH and many other not-for-profit scientific societies provide important services that are necessary to ensure the publication of accurate scientific information: peer review, copyediting, formatting, printing for distribution, and publishing on-line. These services represent a substantial private sector investment that results in prompt access to research results and the reliable archiving of articles at no additional cost to the public. Mandating a specific time for public release of manuscripts could be detrimental to not-for-profit scientific societies like ASH and jeopardize the crucial processes that are necessary to ensure that publications provide accurate scientific information.

Below please find responses to several of the specific questions posed in the December 9 notice that are relevant to the ASH membership:

Question 1: How do authors, primary and secondary publishers, libraries, universities, and the federal government contribute to the development and dissemination of peer reviewed papers arising from federal funds now, and how might this change under a public access policy?

Authors submit manuscripts for peer review. For *Blood*, and many other high quality scientific journals, the costs associated with peer review are borne by the publisher. Important question to be addressed when considering change under a public access policy is will authors be able to pay for expanded access and how will a public access policy impact limited research dollars? In other words, if a new federal policy on public access were adopted that changed publisher business models because of its impact on subscriptions and advertising, who would pay for peer review and does it make sense to use scant research funding on peer review when it is currently paid for through the existing system?

Publishers like ASH contribute to the dissemination of peer reviewed papers arising from federal funds in several ways. ASH plays a critical role in managing the scientific record by coordinating the peer review process, which serves as a quality control mechanism. In addition to establishing standards of excellence respected by readers, peer review also provides valuable critiques that enable authors to refine and improve their work. Publishers provide a number of essential services ranging from editorial processes that lead to and include the actual dissemination of scientific information. As noted above, currently, ASH always makes certain sections of its journal free on-line. *Blood* maintains a 12-month embargo for current articles, but content older than 12 months is free to all

on-line. In addition, ASH and many other not-for-profit publishers allow free immediate access to selected articles with important public health or clinical significance and distribute free articles to scientists working in many third world nations.

In addition, since 2006, ASH has participated in the PMC(NIH Portfolio) Archive program. The NIH Portfolio program works as follows: Participating publishers submit to NIH the final version of NIH funded research articles upon publication. NIH has internal use only of the articles during the journal's embargo period, which can be no longer than 12 months. During the embargo period, NIH can link to the journal Web site to provide access to NIH-funded research articles. Following the embargo period, NIH can provide links to the journal and can also distribute the articles directly through its PMC Web site.

Critical questions that must be addressed when considering a new public access policy include: What will be the impact on scientific journal business models? What will be the impact on peer review? What will be the impact of expanded access on federal influence on research? What will be the impact of expanded access on federal funding of research?

Question 2: What characteristics of a public access policy would best accommodate the needs and interests of authors, primary and secondary publishers, libraries, universities, the federal government, users of scientific literature, and the public?

Any government public access policy must preserve the viability of peer review and ensure the integrity of the scientific record. Various journals currently use different strategies to recover the costs of these operations: some charge subscription or access fees to readers; some charge article processing fees to authors; some are subsidized by scholarly societies, research institutions, or funding agencies; and many use a hybrid model combining various funding streams in their business models. Even without a government mandate, many not-for-profit publishers currently provide free access to their journals either immediately upon publication or after some period. The specifics of the access policy vary according to how the journal recovers costs. It is critical that any federal public access policy take into account the notion that one size does not fit all.

As noted above, ASH participates in the NIH Portfolio program to provide enhanced public access. While the NIH Portfolio program is not ideal from the publisher perspective because it has costs in implementing, ASH strongly believes it provides a better alternative for *Blood* and *Blood* authors than the NIH Public Access Policy. Advantages of the NIH Portfolio program include:

- NIH obtains 100 percent compliance in its Public Access Policy by participating journals because the journals submit to NIH the final version of all NIH funded research articles upon publication on behalf of their authors.
- Authors of participating journals do not have to submit their manuscripts to NIH through the NIH Public Access Policy, but are counted as compliant because the participating journals submit for them.
- NIH also has the ability to create a stable archive of peer-reviewed research publication resulting from NIH-funded research and a secure searchable compendium of these peer reviewed research publications that NIH can use to manage research portfolios and set research priorities.
- The program protects the integrity of journal articles by allowing the journal to submit the final article.
- The program also maintains journal business models by protecting the embargo period and the peer review system.
- The program allows expanded free access of science to researchers and the public.

Question 3: Who are the users of peer-reviewed publications arising from federal research? How do they access and use these papers now, and how might they if these papers were more accessible? Would others use these papers if they were more accessible, and for what purpose?

Much of what ASH publishes in *Blood* is basic research. The primary audience for basic research is other scientists engaged in similar work. Clinicians also read *Blood* for clinical applications of research. ASH is not aware of any unmet demand for access to *Blood*. Membership in ASH includes a subscription to the journal. Researchers and clinicians who are not members of ASH are affiliated with either academic institutions or hospitals that have subscriptions. On a rare occasion, ASH will hear from patients seeking information about their conditions. ASH gladly provides them with complimentary access to articles with a bearing upon their illness. Consequently, it is not clear to ASH who does not have access to *Blood* already.

Question 4: How best could federal agencies enhance public access to the peer-reviewed papers that arise from their research funds? What measures could agencies use to gauge whether there is increased return on federal investment gained by expanded access?

ASH respectfully recommends that first federal agencies explore the question of access and the extent of any problem. As noted above, ASH believes no one solution will fit all problems and it would be best to work cooperatively with all stakeholders in addressing

specific issues. Again, while the NIH Portfolio program is not ideal from the publisher perspective because it has costs in implementing, ASH strongly believes it provides a better alternative for *Blood* and *Blood* authors than the NIH Public Access Policy and could serve as one paradigm.

Question 6: What version of the paper should be made public under a public access policy (e.g., the author's peer-reviewed manuscript or the final published version)? What are the relative advantages and disadvantages to different versions of a scientific paper?

The final published version is the article of record. Providing access to any other version than the final version would serve to confuse the scientific record. For *Blood*, ASH publishes on-line the accepted version of the article in our First Edition publication. The First Edition articles are citable and are highly regarded by authors and readers. The final version of the article—the article of record—is published in print and online seven weeks after acceptance.

Question 7: At what point in time should peer-reviewed papers be made public via a public access policy relative to the date a publisher releases the final version? Are there empirical data to support an optimal length of time? Should the delay period be the same or vary for levels of access (e.g., final peer reviewed manuscript or final published article, access under fair use versus alternative license, for federal agencies and scientific disciplines)?

As indicated above, ASH believes one size does not fit all. The NIH Portfolio program allows for a 12-month embargo, which works for most not-for-profit publishers. The decision was made recognizing the important role journals play in the validation and dissemination of scientific information and that a shorter period might jeopardize the ability of the journals to sustain the peer review process should subscription revenues decline if the embargo period were reduced. However, different fields of science have different patterns of usage and citation. There appears to be no uniform optimal embargo period across all scientific disciplines. While a 12 month embargo might work for most journals in the research areas funded by the National Institutes of Health, it is unlikely that the same is true for research funded by other federal agencies.

Again, ASH appreciates the opportunity to submit these comments and the Society would be pleased to provide additional information about its public access policy and

further discuss this issue. For more information, please contact ASH Director of Government Relations Mila Becker at mbecker@hematology.org or 202-776-0544.