The NIH Public Access Policy: Overview and Context

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Why Public Access Now?

The Public Access Policy is an important way for NIH to increase the value of its scientific investment given the advances in information technology. It has three aims:

- **Archive:** A central collection of NIH-funded research publications preserves vital published research findings for years to come.
- **Advance:** The archive is an information resource for scientists to research publications and for NIH to manage better its entire research investment.
- **Access:** The archive makes available to the public research publications resulting from NIH-funded research.

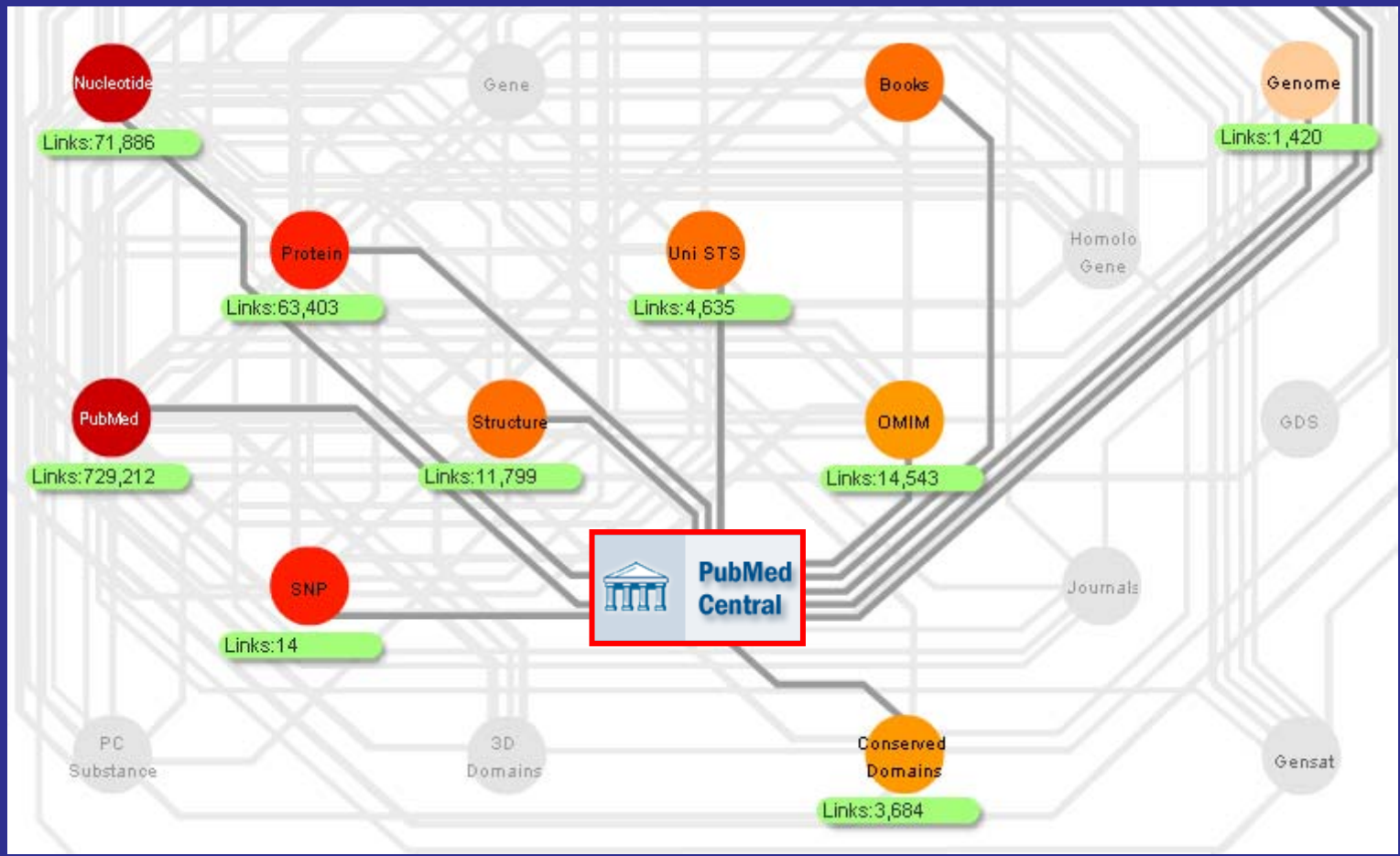
Implications of a Successful Public Access Policy

Easy access to published research funded by NIH will help advance science and improve human health.

- Meets the public's expectation that articles based on NIH-funded research are publicly available[1].
- NIH can monitor, mine, and develop its portfolio of NIH-funded research more effectively.
- NIH-funded research becomes more prominent, integrated and accessible, making it easier for all scientists to pursue NIH's research priority areas competitively.

1. Harris Poll (2006) Most Americans back online access to federally funded research. Wall Street J Online Retrieved on July 20, 2006, from http://online.wsj.com/article_email/SB114893698047965609-lMyQjAxMDE2NDM4MTkzMzE2Wj.html.

The law requires manuscripts to be made publicly available on PubMed Central



- PMC established in 2000
- Today: 1.4 million full text articles; 380 member journals

Benefits of an Integrated Archive

1 PubMed Search Results

Search PubMed for anti-influenza treatment prevention Go

All: 177 Review: 24

Items 41 - 60 of 177 Previous Page 3 of 9 Next

• • •

46: Bantia S, Parker CD, Ananth SL, Horn LL, Andries K, Chand P, Kotian PL, Dehghani A, El-Kattan Y, Lin T, Hutchison TL, Montgomery JA, Kellog DL, Babu YS. Related Articles, Links

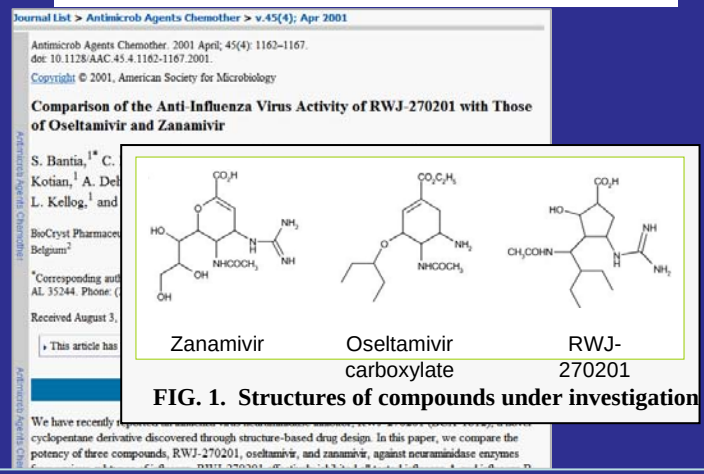
Comparison of the anti-influenza virus activity of RWJ-270201 with those of oseltamivir and zanamivir.

Antimicrob Agents Chemother. 2001 Apr;45(4):1162-7.

PMID: 11257030 [PubMed - indexed for MEDLINE]

• • •

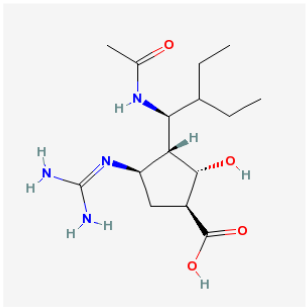
2 Chemical Structures in Article



3 Compound in PubChem

RWJ-270201

Compound Summary:



CID: 154234

Substances: 7 Links

PubMed: 14 Links

Protein Structures: 3 Links

NLM Toxicology: Link

Related Compounds:

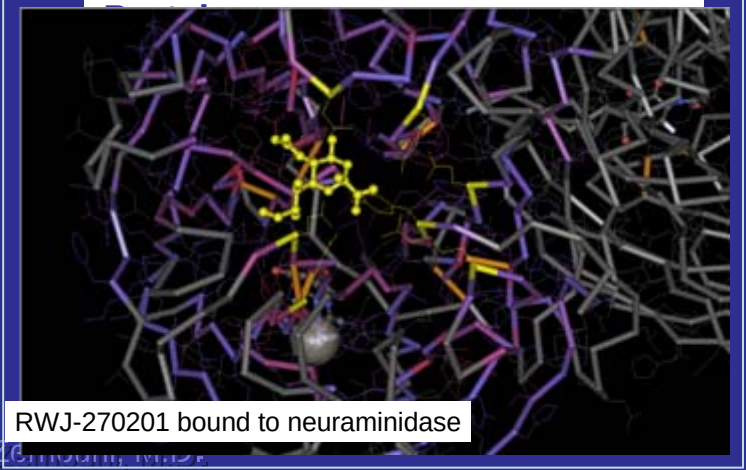
Same, Connectivity: 4 Links

Similar Compounds: 5 Links

Structure Search

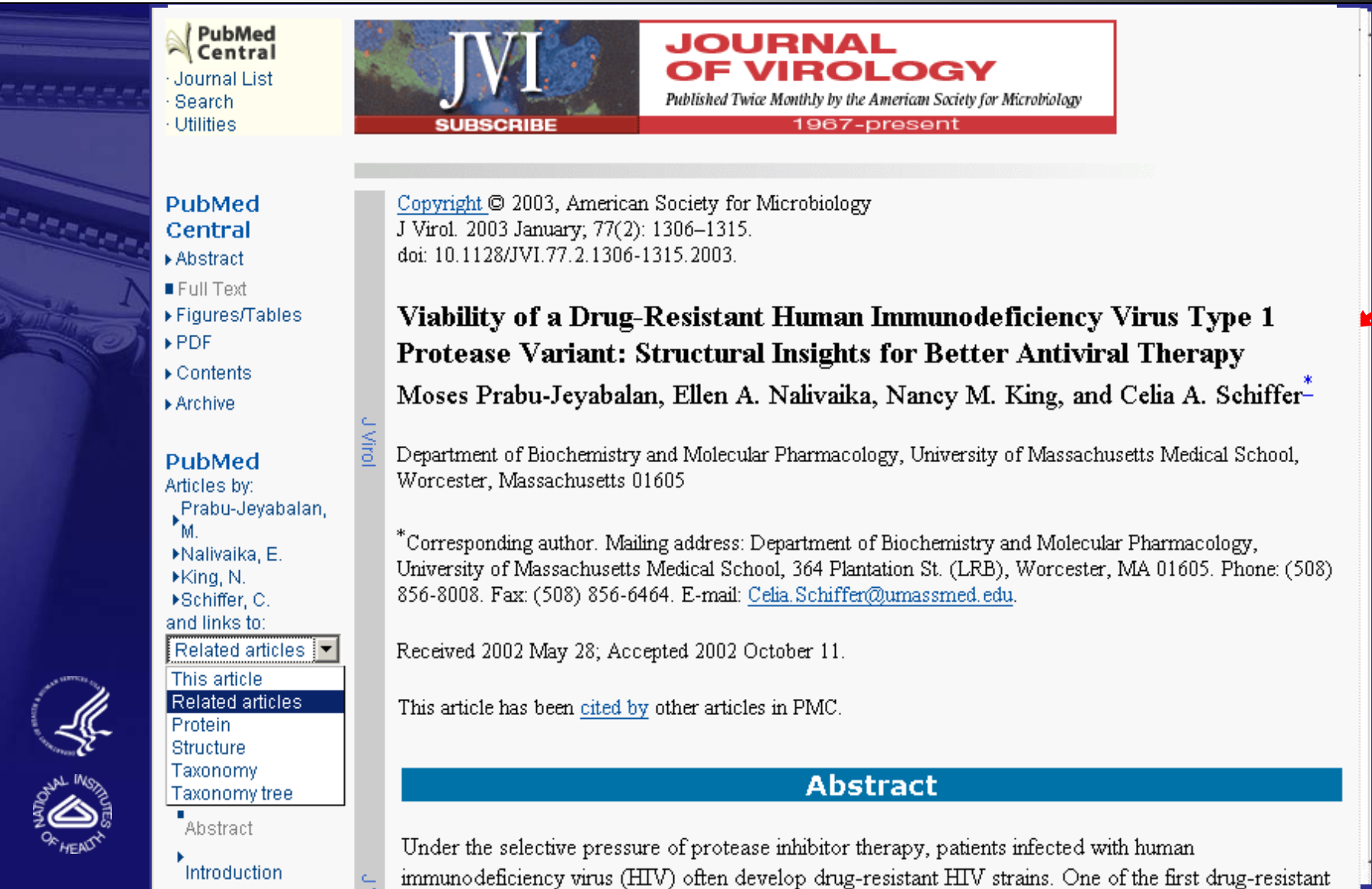
MeSH Synonyms Properties Descriptors Category Exports

4 3-D View of Chemical and



RWJ-270201 bound to neuraminidase

Maximizing Utility



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JVI SUBSCRIBE
JOURNAL OF VIROLOGY
Published Twice Monthly by the American Society for Microbiology
1967-present

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PubMed
Articles by:
▸ Prabu-Jeyabalan, M.
▸ Nalivaika, E.
▸ King, N.
▸ Schiffer, C.
and links to:
Related articles
This article
Related articles
Protein Structure
Taxonomy
Taxonomy tree

■ Abstract
▸ Introduction

J Virol

J Virol. 2003 January; 77(2): 1306–1315.
doi: 10.1128/JVI.77.2.1306-1315.2003.

Viability of a Drug-Resistant Human Immunodeficiency Virus Type 1 Protease Variant: Structural Insights for Better Antiviral Therapy

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Received 2002 May 28; Accepted 2002 October 11.

This article has been cited by other articles in PMC.

Abstract

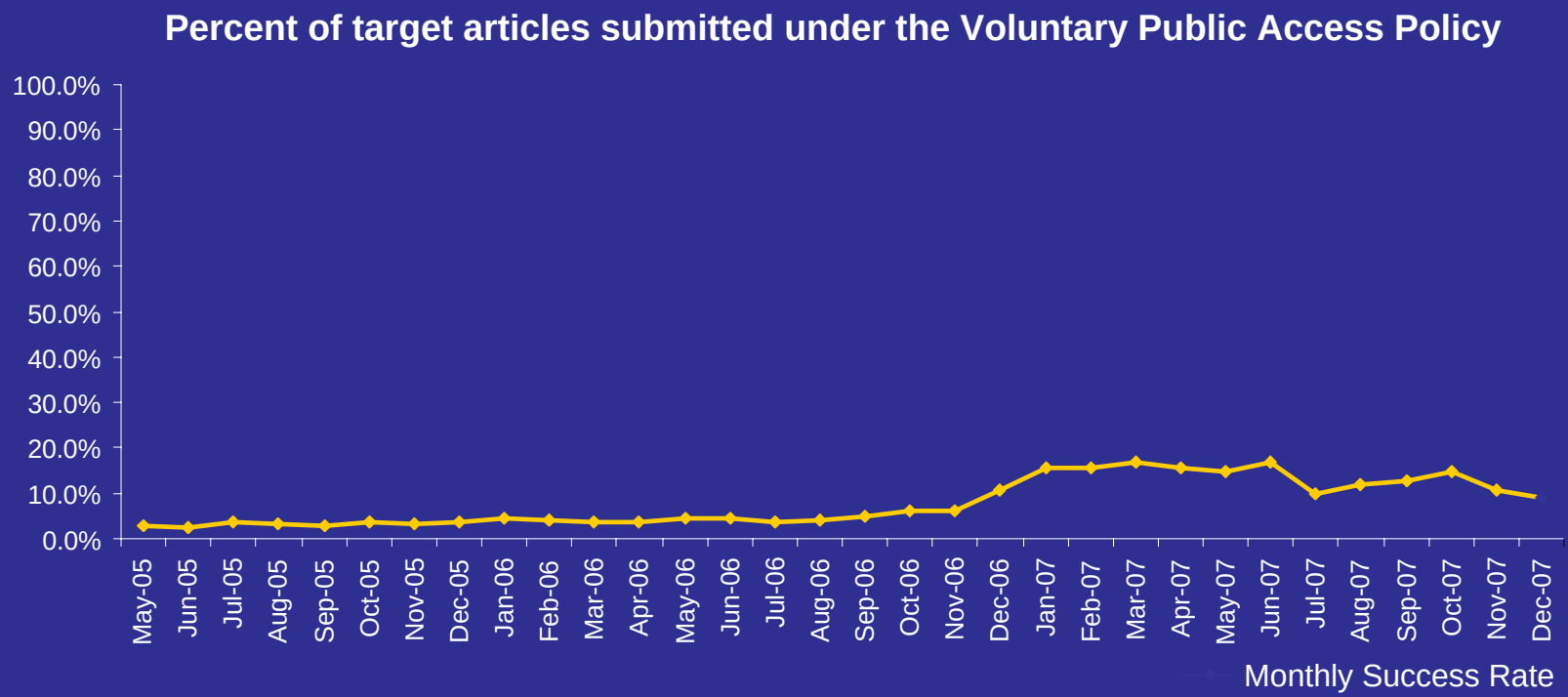
Under the selective pressure of protease inhibitor therapy, patients infected with human immunodeficiency virus (HIV) often develop drug-resistant HIV strains. One of the first drug-resistant

What is at Stake

- About 64,000 journal articles that arise from NIH funds each year will not be captured under a voluntary Public Access Policy
- Applying 21st technology to the NIH investment to promote science, health and commerce in the context of a globally wired and networked world of scientific information
- Making NIH more transparent and accountable and better able to make strategic decisions about its portfolio
- Ensuring NIH and HHS can better promote science and health information derived from NIH-funded research

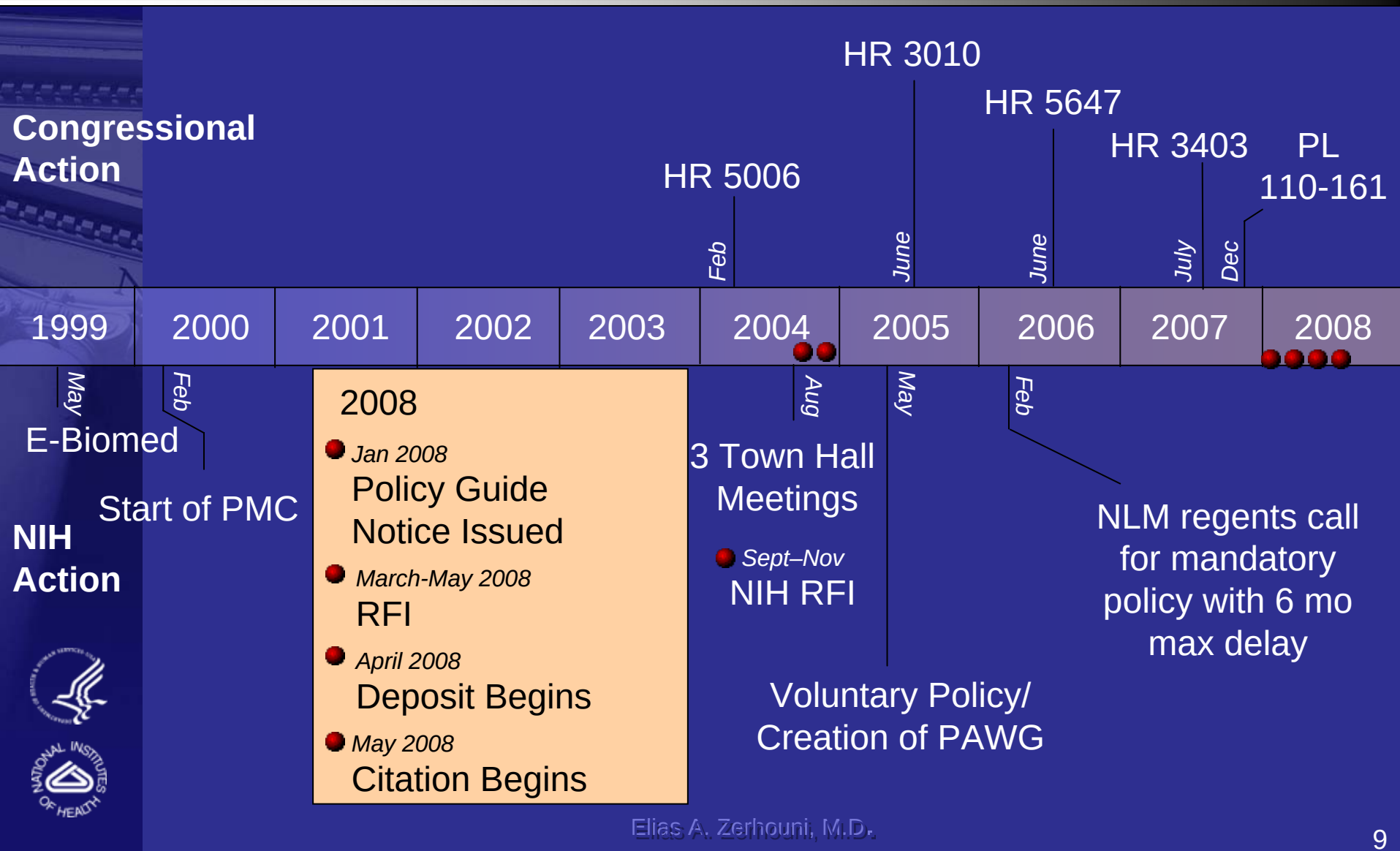
Why Mandatory Submission?

- NIH established voluntary policy in 2005
- Manuscripts deposited under voluntary policy: 7.9% (14,937 of ~189,000)



PMC Journals have deposited voluntarily all of their content to PMC during since 2000, and independent of the Policy. Therefore, articles in these journals are not included in the Public Access target of 189,000 articles. PMC Journals posted approximately 24,000 NIH funded articles during this time period.

Chronology


Congressional Action
HR 3010
HR 5647
HR 3403
PL 110-161
HR 5006
Feb
June
June
July
Dec
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
May
Feb
Aug
May
Feb
E-Biomed
Start of PMC
NIH Action
2008
Jan 2008
Policy Guide Notice Issued
March-May 2008
RFI
April 2008
Deposit Begins
May 2008
Citation Begins
3 Town Hall Meetings
Sept–Nov
NIH RFI
Voluntary Policy/ Creation of PAWG
NLM regents call for mandatory policy with 6 mo max delay

Congressional Actions for a Public Access Policy Date Back Over Eight Years

- July 2004: (eventually HR 5006, HR 108–636)
  - "The Committee is very concerned that there is insufficient public access to reports and data resulting from NIH-Funded research. This situation…is contrary to the best interests for the U.S. taxpayers who paid for this research."
  - "The Committee … recommends that NIH develop a policy, to apply from FY 2005 forward, *requiring* that a complete electronic copy of *any manuscript* …available *six months* after publication, or *immediately* in cases in which some or all of the publication costs are paid with NIH grant funds."

- June 2005: HR 3010, House Report 109–143 — [in support of the Policy, and requesting a report] "The committee…is hopeful that the policy will be a first step toward providing free and timely access to the published results of all NIH-funded biomedical research"

Congressional Actions for a Public Access Policy Date Back Over Eight Years

- June 2006: HR 5647 — House passes FY07 Labor HHS Appropriations bill with a mandatory 12 month maximum delay period Public Access Policy — CR prevents bill language
- July 2007: (HR 3403 House Report 110–231; S. 1710, SR 110–107) — House and Senate Appropriations pass FY08 Labor HHS Appropriations bill with a mandatory, 12 month maximum delay period Public Access Policy
- December 2007: Division G, Title II, Section 218 of PL 110–161 (Consolidated Appropriations Act, 2008): Requirement becomes law after President Bush signs the bill

Stakeholder Input Since 2003

Public Input Requested via *Federal Register* Notice on Sept. 17, 2004:

6,249 comments received on proposed 6 month policy

Feedback:

- Agree: 66%
- Disagree:22%
- Box Not Checked: 12%

Correspondence

Year	Publisher	Open Access Advocate	Other Stakeholder	Congress
2003	5	8	10	0
2004	93	61	58	13
2005	45	9	33	9
2006	20	16	9	3
2007	7	3	3	3
2008	4	7	3	9
Total	**170**	**97**	**113**	**28**

Meetings

Year	Publisher	Open Access Advocate	Other Stakeholder
2004	8	1	7
2005	3	0	4
2006	11	1	1
2007	4	3	0
2008	3	0	3
Total	**29**	**5**	**15**

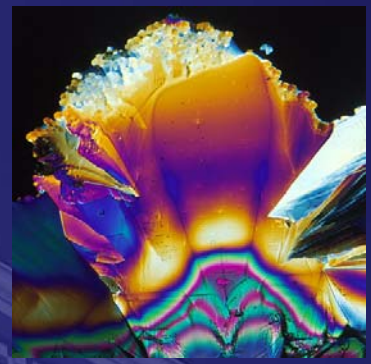
Key Changes to the Public Access Policy

Proposed Policy: **September 2004**	**Final Voluntary Submission Policy:** **May 2005**	**Section 218 Requirement:** **January 2008**
The draft Policy requests, but does not require, that NIH-supported investigators submit electronically to the NIH the final, peer-reviewed author's copy of their manuscripts upon acceptance for publication.	Unchanged	The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit... their final, peer-reviewed manuscripts
The manuscripts will be archived in PubMed Central (PMC).	Unchanged	Unchanged
The author's copy will be made available freely to the public through PMC six months after the study's publication.	At the time of submission, the author will specify the timing of the posting of his or her final manuscript for public accessibility through PMC. Posting for public accessibility through PMC is strongly encouraged as soon as possible and within twelve months of the publisher's official date of final publication.	to be made publicly available no later than 12 months after the official date of publication

Public Access Around the Globe

Funder	Delay Period	Funding	Archive	Requirement
NIH Sec. 218 Public Access Requirement	up to 12 mo	allowable cost for grants	PMC	Yes
European Research Council	up to 6 mo	allowable cost for grants	PMC and others	Yes
Howard Hughes Medical Institute	up to 6 mo	dedicated fund	PMC	Yes
UK Medical Research Council	up to 6 mo	allowable cost for grants	UKPMC	Yes
Wellcome Trust	up to 6 mo	dedicated fund	UKPMC	Yes
UK Medical Research Council	up to 6 mo	allowable cost for grants	UKPMC	Yes



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