

September 14, 2025

Re: Comment on NOT-OD-25-138: Disallow Publication Fees on NIH Awards

Executive summary

Enveda supports NIH disallowing article publication costs (APCs) charged to NIH-funded projects. Publicly funded research dollars should flow to experiments, data generation, and translation to new medicines, not to publisher fees. This approach advances equity in publishing, strengthens open access, and maximizes taxpayer value.

To NH Office of Science Policy:

Enveda is pleased to submit this comment on the NOT-OD-25-138. Enveda is a clinical-stage biotechnology company transforming natural product drug discovery by decoding the vast and largely unexplored “chemical code” of life. Enveda has pioneered the world’s first AI technology for discovering novel chemistry from living systems, transforming new molecules into breakthrough medicines 4x faster and 10x cheaper than the industry average. With over \$500M in capital secured from leading investors and industry giants including Microsoft, Sanofi and the Gates Foundation, Enveda has developed a robust therapeutic pipeline with multiple clinical candidates in under four years and is in favor of maximizing funding towards R&D for the discovery and development of new medicines.

Position: Option 1 - Disallow all publication costs.¹

Adopt Option 1 in the RFI—disallow article processing charges (APCs) as allowable charges on NIH awards—aligned with the new zero-embargo public access framework. Redirect savings to experiments, data sharing and reuse (DMS Policy), and translational work that accelerates therapeutic discovery for patients.²

Rationale

Open access no longer requires APCs: NIH’s updated Public Access Policy (effective for manuscripts accepted on or after July 1, 2025) provides immediate, no-embargo access in PubMed Central (PMC) upon acceptance.³ Compliance is achieved by depositing the author-accepted manuscript—no APC payments are required to meet the policy. This fulfills the 2022 OSTP directive for free and immediate access while removing the primary justification for paying APCs from project budgets.⁴

Every dollar to publishers is a dollar not spent on R&D: NIH's own analysis shows APCs are material, with requested publication costs in FY2025 R01s ranging up to \$12,000 per paper and an estimated \$2,565–\$3,104 per publication.¹ Even if these average ~0.8% of direct costs, at NIH scale those funds could power critical experiments, data generation under the DMS Policy, and preclinical work that advances new therapeutics—especially for small biotech and academic labs facing tight budgets.

Paying APCs from grants can entrench inequities and “double-pay” models: Grant-funded APCs shift resources away from science and toward publisher revenue, while many hybrid/transformational deals still risk double-dipping (subscription + APC).⁵ Analyses show uneven benefits from transformational agreements and limited evidence of full system “flip,” reinforcing why project-level APC spending is a poor lever for public access.⁵

Conclusion

NIH has already ensured immediate, universal public access to taxpayer-funded research through PMC.³ In this new landscape, allowing APCs and other journal fees on NIH awards diverts scarce funds from discovery and translation—the very activities that deliver cures. For patients, for taxpayers, and for science, NIH should prohibit charging publication fees to awards and concentrate every possible dollar on R&D that creates new therapeutics.

Sincerely,

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