

September 15, 2025

Lyric Jorgenson, PhD
Associate Director for Science Policy
Director, Office of Science Policy
National Institutes of Health

Re: Comments to NOT-OD-25-138

Dear Dr. Jorgenson:

The University of Utah appreciates the opportunity to submit comments on the Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs, NOT-OD-25-138.

As a leading research institution, the University of Utah strongly **supports** the principle that publicly funded research should be **freely and immediately accessible to the public**. We commend the National Institutes of Health (NIH) for its continued leadership in advancing public access to taxpayer-funded research outputs.

We recognize the importance of ensuring that federal research dollars are used efficiently and equitably. However, we have concerns about the potential unintended consequences of the NIH's proposed options to disallow all publication costs or establish a cap on allowable publication costs, including article processing charges (APCs). While the intent to curb excessive fees is laudable, we urge NIH to consider the following:

Access Risks: A strict cap may disproportionately affect early-career researchers and those at under-resourced institutions who lack alternative funding to cover APCs above the cap.

Impact on Publishing Choices: Researchers may be limited in their ability to publish in high-impact or field-relevant journals, potentially affecting career advancement and the visibility of their work. At the same time, cost constraints may make low-quality or predatory publishing models appear more accessible, increasing the risk that researchers—particularly those with limited resources—are drawn to venues that lack rigorous peer review or scholarly credibility. Over time, the proliferation of such publications may **undermine public trust** in the reliability and integrity of scientific research.

Market Distortion: A fixed cap could inadvertently create a price floor, prompting lower-cost journals to raise their fees to meet the cap. This shift may reduce pricing diversity across the publishing landscape and limit the availability of affordable publishing options, ultimately constraining where and how researchers disseminate their work.

Entrenchment of APC Model: While NIH's proposed APC cap is a step toward cost control, it may inadvertently **legitimize inflated fees**. Without safeguards, the policy could reinforce systemic issues such as prestige-based pricing, double payments in hybrid journals, and inequitable waiver practices. A more effective approach would promote transparency, equity, and sustainable publishing alternatives.

Administrative Complexity: Implementing and monitoring compliance with **per-publication** and **per-award caps** or tracking **peer review compensation** will likely increase administrative burden for both institutions and NIH.

Need for Evidence-Based Policy and Interagency Coordination: We encourage NIH to engage in further consultation with stakeholders and to consider international and nonprofit funders' experiences with APC caps to inform a more flexible, data-driven approach, while coordinating with other federal agencies to minimize the burden of having different funding rules for different agencies.

Given these considerations, we believe the NIH should **refrain from imposing APC caps at this time** and revisit the issue only after conducting further analysis in coordination with other federal agencies. Acting unilaterally on APC limits, without alignment across the broader federal funding ecosystem, risks creating confusion and inefficiencies for researchers and institutions. Historically, public access policies have been developed collaboratively across federal agencies to **ensure consistency** and **minimize administrative burden**. This spirit of coordination is reflected in both the OMB's grant guidance in 2 CFR 200 and OSTP's public access memoranda. Moving forward with APC caps outside of this cooperative framework undermines those principles and could lead to fragmented, conflicting requirements. A **more prudent path** would be to **pause imposition of APC caps** and engage in cross-agency dialogue and impact assessment before establishing any firm policy.

We support NIH's broader goals of transparency, sustainability, and public access. To that end, we also recommend that NIH consider complementary strategies such as investing in public access infrastructure, supporting diamond open access models, and recognizing peer-reviewed preprints as compliant research outputs.

We look forward to continued dialogue with NIH and other federal agencies to ensure that public access policies are effective, equitable, and aligned with the evolving landscape of scholarly communication.

Thank you for the opportunity to provide comments.



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