Emory University response to 2025 NIH RFI on limiting allowable publishing costs

Thank you for the opportunity to submit comments on the NIH Request for Information (RFI) on Maximizing Research Funds by Limiting Allowable Publishing Costs. Emory University is pleased to submit this response.

1. Proposed policy options

NIH seeks input on the option, or other option not considered in the Request for Information, that best achieves the goal of balancing flexibility in providing research results with maximizing the use of taxpayer funds to support research.

Data gathered and analyzed by Emory Libraries staff show that from 2019-2023, article processing charge (APC) expenditures at Emory were around $8 million, with approximately 85% of that cost covered by grant funding and the remainder covered by individual researchers' funds and library initiatives (e.g., read and publish agreements).

Option 1 in the RFI, which disallows all publication costs, would shift those costs to our institution and prevent us from supporting core scientific activities (e.g., research support, infrastructure, and training).

Options 2 through 5, which propose various forms of APC price caps, are problematic since price caps often function as pricing signals, not constraints. Publishers would likely converge their pricing upward toward the maximum allowable rate, so those who currently charge less than the proposed price caps would raise their prices, eliminating lower-cost options.

Instead of selecting among the proposed options, NIH should consider these alternatives:

- Continue to emphasize the federal purpose license (45 CFR § 75.322(b)) as a legal, viable means for researchers to share the accepted manuscript version of their articles, and perhaps state that APCs from publishers whose policies conflict with the license will no longer be allowable costs.
- Continue to invest in open infrastructure, supporting upgrades to and an expansion of PubMed Central.
- Broaden the criteria grant proposal reviewers use to evaluate applications and deemphasize journal impact factors as a proxy for the quality of applicants'

research so that researchers are not indirectly pressured to publish in commercial publishers' highest-cost prestige journals.

These approaches promote long-term sustainability and equitable access without compromising researcher autonomy or scholarly quality.

2. Available evidence related to publication costs and proposed options

NIH seeks any evidence (either from your own work or other publicly available sources) that can be publicly shared that addresses the considerations of one or more of the options.

The RFI cites APC averages from DOAJ and NIH R01 budgets, but these figures do not reflect the full diversity of publishing models or the hidden costs associated with high-fee journals, especially hybrid journals, which are not included in DOAJ. Furthermore, APCs continue to rise unsustainably across fully OA and hybrid journals, as shown in Open Access Charges – Continued Consolidation and Increases (2024) from Delta Think, which states that fully OA list prices rose by 9.5%, and hybrid prices by 4.2% from 2023 to 2024.

3. Peer review compensation

NIH is interested in hearing ideas about factors related to paying for peer review. Specifically, NIH invites input on factors that NIH should consider in determining whether peer reviewers are appropriately compensated.

While compensating peer reviewers may seem equitable, it introduces complex challenges, such as undermining its integrity, introducing new biases, or exacerbating those that exist now. Instead of direct compensation, NIH should encourage open peer review and transparent editorial practices, which preserve the scholarly ethos of peer review while improving accountability, transparency, and visibility.

4. Publishing best practices

In addition to compensating peer reviewers, other kinds of publishing best practices, such as the use of automated fraud detection capabilities, may contribute to higher publishing costs. NIH is seeking further input on additional factors that it should consider in determining the allowability of a higher per publication cost.

NIH should favor publishing practices that enhance transparency, reproducibility, and integrity, including the following:

- Expansion of the use of persistent identifiers for all entities in the publishing ecosystem, not just authors (e.g., DOIs for articles and datasets, ROR identifiers for research institutions and funders, etc.).
- Open data and code availability aligned with FAIR (findable, accessible, interoperable, and reusable) principles.
- Transparent editorial workflows, including public peer review histories and conflict-of-interest disclosures.
- Use of the Contributor Role Taxonomy (CRediT) system to ensure that all contributors to research articles receive fair credit for their work.
- Certification or endorsement of publishers that meet rigorous standards for openness, ethics, and accessibility, similar to the DOAJ Seal or COPE membership.

5. Other comments

NIH welcomes input on any aspect of the RFI.

Thank you again for inviting public comment on this complex topic. We appreciate the chance to share our views on controlling publication costs for NIH-funded researchers.