

Response to NIH Request for Information on Proposed Policy to Limit Allowable Publication Costs

Summary Position:

Option 3, with safeguard similar to #4's total award cap. This approach will preserve researcher flexibility, support equitable compensation for reviewers, and align with open science and transparency goals while ensuring taxpayer funds are still spent judiciously.

Rationale:

Option 3 appears to offer the most balanced approach between fiscal responsibility and maintaining quality dissemination of NIH-funded research.

A baseline per-publication cap - \$2K - ensures that excessive publication fees do not erode research budgets. The incentive for journals to compensate peer reviewers (raising the cap to \$3,000) directly addresses a well-recognized weakness in the publishing ecosystem (the unpaid labor of peer review). The requirement for public availability of peer reviews promotes transparency and reproducibility, aligning with open science principles.

Although Option 5 provides greater flexibility, it risks allowing high-cost publications to consume a disproportionate share of the grant funds. Conversely, Options 1 & 2 may be overly restrictive thereby limiting access to certain high-impact but moderately higher-cost journals.

Adopting Option 3 with considered pairing to Option 4 (soft cap on total award-level spending) can contain runaway costs across the lifetime of an award yet support the goal of flexibility in compensation.

To wit:

From NIH's own data –

- The global average APC and the U.S. average suggest a \$2,000 base cap is reasonable and within current norms.
- NIH applicants' average requested costs per publication suggest that the \$3,000 ceiling for journals meeting higher peer review standards would allow most researchers to publish in target venues without disruption.
- Journals with excessive APCs (>\$5,000) are statistical outliers and disproportionately consume resources without clear evidence of proportional benefit. External evidence shows that most high-quality open access journals operate below the \$3,000 APC threshold, indicating that setting a reasonable cap will not significantly limit dissemination in reputable venues.

Moreover, NIH should require journals to meet all of the following criteria to qualify for the higher per-publication limit -

- Compensation rate meets or exceeds the average hourly wage for Medical Scientists and Biochemists/Biophysicists
- Transparency in reporting reviewer payments (aggregate data published annually)
- Documentation provided to authors and funding agencies verifying peer reviewer compensation
- Public posting of peer review reports for accepted NIH-funded manuscripts, with appropriate redactions for confidentiality
- Ethics compliance is key: peer reviewers must disclose conflicts of interest, and journals must have systems in place to verify this

Other considerations when allowing higher per_pub costs:

In addition to peer reviewer compensation, NIH could allow higher per-publication limits for journals that demonstrate automated fraud detection for image manipulation, plagiarism, and statistical anomalies; open data and code policies with enforcement mechanisms; adherence to reporting guidelines such as CONSORT, PRISMA, or ARRIVE, verified at editorial level; ORCID integration for all authors and reviewers to improve accountability; and transparent pricing models showing how APC funds are specifically allocated (editorial, infrastructure, peer review, etc.).

Additional Considerations:

Ensure caps do not disadvantage early-career researchers, researchers from under-resourced institutions, or those publishing in specialized but slightly higher-cost journals

Consider appeals mechanism for justified exceptions

Periodically adjust allowable limits based on currency exchange trends

Encourage (strongly incentivized) posting of manuscripts on preprint servers prior to peer-reviewed publication, ensuring public access regardless of APC levels

Revisit caps every 3-5 years to account for inflation and evolving publishing models

Thank you for the opportunity to submit this RFI response.

Heather C. Guidone, BCPA, Program Director

The Center for Endometriosis Care

6105 Peachtree Dunwoody Road

Building B, Suite 230 | Atlanta, GA 30328 | USA

PH 770-913-0001 ext 120 | FX 770-913-0005