Cleveland Clinic

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NIH
Office of Science Policy
6705 Rockledge Drive
Suite 630
Bethesda, MD 20892

RE: RFI on Maximizing Research Funds by Limiting Allowable Publishing Costs

Submitted Via: https://osp.od.nih.gov/comment-form-maximizing-research-funds-by-limiting-allowable-publishing-costs/

Cleveland Clinic is a not-for-profit, integrated healthcare system dedicated to patient-centered care, teaching, and research. Cleveland Clinic Research is an integrated research community performing investigations in laboratory-based, translational, computational and clinical research. Cleveland Clinic's research footprint spans nearly 1 million square feet in Cleveland and Florida, with two new facilities scheduled to open in 2025 and 2026. Cleveland Clinic Research includes over 1,900 researchers and support personnel, and in 2024, annual research funding exceeded $520 million.

Below please find our comments in response to the National Institutes of Health (NIH) Request for Information (RFI) regarding proposed caps on Article Processing Charges (APCs) for NIH-funded research publications. As the scientific publishing landscape continues to evolve under the growing influence of open access mandates, it is critical that policies governing the expenditure of federal funds for publishing fees are evidence-based, transparent, and tailored to protect both the integrity of the biomedical literature and the value NIH derives from its investments

This letter draws upon a range of recent data and analyses and firsthand institutional experience to highlight significant concerns with the approach outlined in the RFI. It also offers concrete recommendations to ensure that any future APC policy advances the NIH mission without inadvertently undermining the quality, accessibility, or credibility of funded research.

Limitations of Current Analyses in the RFI

The first analysis presented in the RFI restricts itself to data from journals included in the Directory of Open Access Journals (DOAJ), which only encompasses titles following gold open access or subscribe-to-open publishing models. This methodological choice systematically excludes hybrid journals, a category of critical importance due to their prominence in many disciplines, especially those frequented by NIH-funded authors. For example, as of August 22, 2025, Elsevier listed 2,004 hybrid journals in its portfolio, with 1,132 of those in the Health or Life Sciences categories.

Excluding hybrid journals from the analysis distorts the true cost landscape for NIH-funded authors. The average APC for hybrid journals is consistently higher than that for fully open access journals. Empirical evidence, such as the findings from Asai's study of 1,354 Springer hybrid and gold open

access journals, suggests that hybrid journal APCs are on average $1,620 higher than those for gold open access journals. As a result, both the average and median APCs cited in the RFI are significant underestimates of what costs NIH-funded authors actually face. Policies developed based on this incomplete cost picture run the risk of being misaligned with on-the-ground realities and may not adequately address the financial burdens faced by researchers.

The second analysis in the RFI is also limited, as it is based on grant data awarded prior to the new effective date (July 5, 2025) of the NIH Public Access Policy that will require immediate open access with no embargo. Under this evolving regulatory environment, many publishers, including major firms like Elsevier and Springer Nature, are actively steering authors toward open access options and requiring APC payments as a condition of compliance. This represents a marked shift from previous practices, where authors could often fulfill open access mandates via the "Green OA" route by depositing manuscripts in repositories such as PubMed Central or Europe PMC, typically at no additional cost. The resultant effect is that future APC requests will inevitably rise, as more authors budget for publishing in hybrid journals, a trend inadequately captured by retrospective analyses.

Complexities of APC Agreements and the Threat of Unintended Consequences

Institutions and libraries nationwide have entered into intricate APC agreements with publishers. These arrangements often involve a mix of direct APC payments, annual lump sums for a designated number of open access publications, or even "transformative agreements" that seek to transition subscription-based models toward open access. Importantly, the list price for APCs displayed on journal websites frequently diverges from the actual price paid due to negotiated discounts, bulk publishing arrangements, or institutional offsets.

Imposing rigid per-article APC caps, as currently proposed, risks destabilizing these carefully negotiated agreements. Authors could find themselves caught between the policy constraints of their funder and the publishing realities of their discipline, especially at research-intensive institutions like Cleveland Clinic and the OhioLINK research consortium, both of which maintain large-scale open access deals. The NIH must clarify how APC caps will interact with non-itemized APCs, transformative agreements, and institutional offsets. Clarity is required on whether exceptions or prorated reimbursements will be allowed, and how these would be implemented. NIH must seriously consider exempting transformative agreements from any per-article cap, or at the very least, allow for institutional level exemptions to preserve the sustainability of current and future open access initiatives.

Risks of Capping APCs: Quality, Competition, and Predatory Publishing

The imposition of capped APCs introduces a host of perverse incentives and unintended consequences:

- Quality Erosion: Capping APCs could discourage authors from publishing in high-impact journals, nudging them instead toward venues with lower APCs. This shift risks reducing the visibility, utilization, and citation impact of NIH-funded research, as high-impact journals may become financially inaccessible.

- Predatory Journals Proliferation: Lower APC caps may inadvertently incentivize the proliferation of predatory or low-quality journals that "compete" solely on price, offering

minimal or no peer review. As of 2021, more than $393 million had been spent on predatory journals for approximately 787,000 articles, a far greater waste of federal research dollars than the higher costs associated with reputable journals. Articles in predatory journals provide negligible scholarly value, as they lack rigorous editorial processes and are rarely cited in legitimate research.

- Market Distortion: Establishing a universal APC cap could create a "floor effect." Journals currently charging less may increase their fees to match the cap, treating it as a de facto signal of what is considered an "acceptable" price. This would reduce price competition and further inflate overall APC costs, undermining the goal of cost containment and disincentivizing publishing innovation.

The Importance of Quality Control and Transparency

The mere inclusion of a journal in PubMed Central (PMC), and by extension, PubMed, can mislead researchers into assuming credibility and quality. This is especially dangerous in the context of predatory publishing, where inclusion may be obtained through superficial compliance rather than substantive peer review and editorial standards.

There is a precedent for excluding illegitimate publishers from PMC. In 2012, PubMed Central declined to accept content from OMIC Publishing Group journals due to serious concerns about their publishing practices. Further, in April 2019, a federal district court ruled against OMICS for deceptive business practices. The NIH must take a firmer stance by ensuring that both the use of NIH funds for APCs and the inclusion of articles in PMC are contingent upon rigorous quality vetting.

Recommendations for Improving NIH's Open Access Policy

Based on the concerns outlined above, we respectfully submit the following recommendations for consideration:

- Implement Quality-Based, Not Cost-Based, APC Restrictions: Rather than imposing a universal APC cap, NIH should require that funded publications be limited to journals meeting robust quality criteria such as indexing in MEDLINE, EMBASE, or DOAJ, and membership in professional bodies like COPE. Only journals that pass peer-review transparency audits or meet open science and editorial standards should be eligible for NIH APC reimbursements.

- Strengthen PMC Inclusion Criteria: PMC should only index articles from journals that demonstrably meet established benchmarks for peer review and editorial integrity. This would prevent predatory publishers from leveraging PMC inclusion for legitimacy and protect the reputation of PubMed as a trusted database.
- Explicitly Prohibit Funding for Predatory Journals: NIH should ban the use of federal funds for journals identified as predatory by academic watchdogs (such as Cabell's Predatory Reports or Retraction Watch) or those with histories of recurring ethical violations. Alternatively, NIH could maintain a whitelist of approved publishers that meet transparency and peer review criteria.

- Facilitate Research and Evidence-Based Policy Making: Invest in ongoing studies to track the impact of different APC models on the growth of predatory journals and "paper mills" and

analyze patterns in NIH-funded articles within PMC to identify trends in low-quality publishing and use this intelligence to inform future policy refinements.

- Align APC Reimbursement with Impact: Consider a tiered APC reimbursement model that considers both the quantitative (e.g., citation counts, Altmetrics, PMC downloads) and qualitative (e.g., influence on clinical guidelines, subsequent research funding, patent and regulatory citations) impact of a publication. This would ensure that federal dollars are directed toward research with proven scientific and translational value, rather than merely rewarding volume or lowest cost.

- Preserve and Encourage Transformative Agreements: Exclude transformative open access agreements from individual APC caps, or provide institutional exemptions, to permit ongoing experimentation and innovation in sustainable scholarly publishing models.

- Enhance Transparency in APC Agreements: Establish clear, standardized reporting requirements for institutions and publishers to disclose actual APC payments, discounts, and offsets, ensuring that NIH can accurately assess expenditure and value for money across the system.

Conclusion

As the largest public funder of biomedical research worldwide, NIH plays a pivotal role in shaping scholarly communication. Capping APCs without regard to quality, context, and the real-world complexities of publishing risks fueling the very problems it seeks to avoid, including wasteful spending, diminished research impact, and the legitimization of predatory publishing practices. A more nuanced approach, centered on quality, transparency, and adaptability, will safeguard both the return on federal investments and the global reputation of American science.

Thank you for the opportunity to comment on this critical issue. We urge the NIH to consider the recommendations herein, and to engage the research community in ongoing dialogue as it develops policies fit for the rapidly evolving open access landscape.

Sincerely,

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