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National Institutes of Health
6705 Rockledge Drive, Suite 630,
Bethesda, MD 20892

We, the undersigned US societies, thank the National Institutes of Health (NIH) for the opportunity to provide information in response to the RFI on Maximizing Research Funds by Limiting Allowable Publishing Costs. Collectively, we employ nearly 8,000 staff in the US and represent over 710,000 American members. Some of the most ground-breaking and practice-changing research has been published in our journals.

We respectfully request the opportunity to meet with appropriate decision-makers to discuss our grave concerns about capping Article Processing Charges (APCs). **Capping these important yet modest fees will have a profound impact on the ability of our nation's top medical and research journals to effectively promulgate Gold Standard Science.**

We believe we already align with many goals outlined in the NIH's implementation guide for Gold Standard Science. Journals and American societies have worked hand-in-hand with federal agencies and funders on topics such as:

- Reproducibility
- Transparency
- Timely corrections of scientific errors
- Interdisciplinary collaborations
- Unbiased expert peer review
- Public disclosure of potential conflicts
- Public access to research results
- Scientific integrity checks

The NIH clearly appreciates that funded researchers must share their results for the research to yield its full benefits. **Communicating research results through journal publication is Gold Standard Science.** Our journals, run by expert physicians and scientists, facilitate the goals of Gold Standard Science by:

- Independently evaluating the quality of the science presented
- Providing valuable feedback that ultimately improves the manuscripts
- Publishing the work on our state-of-the-art digital platforms

- Requiring adherence to standards, such as data availability statements and financial disclosures
- Perhaps most importantly, lending the trusted names of our highly-regarded journals to these papers

The services we provide our authors are not without expenses. Yet, according to the background information the NIH provided with the RFI, **less than 1% of research funds are used to support the actions we take to enable Gold Standard Science.**

Our publications are all American society journals that represent general medicine titles; basic, clinical, and translational research; and specialty and subspecialty titles within these fields. Our publications operate under a variety of business models, including subscription (with green open access options), full open access, and hybrid journals. **We have been consistently on record as supporting public access models for federally funded research that can sustain our continued operations. The combination of zero-embargo public access and capped APCs threatens the financial sustainability of journals.**

We firmly believe that our society members should be free to publish the results of their work in the journals that are most appropriate. For some papers, it might be a general medicine journal; for others, it might be a basic research or subspecialty journal. Either way, there will naturally be wide variations in publishing models. Some journals, such as leading subscription-based titles, do not charge authors at all, ensuring that publishing decisions are not contingent on an author's ability to pay. Other titles offer open access options, where fees vary. **The NIH is limiting the academic freedom of researchers to choose the most appropriate venue for sharing their research results.**

We urge the NIH to reconsider implementing caps on article processing fees. There is a significant risk that the financial analysis provided in the RFI is inaccurate because the databases used to determine average and likely costs contain flawed data. For example, the Directory of Open Access Journals (DOAJ) includes many smaller, regional, or institution-run journals for which there is no APC. It is not limited to high-impact or medical journals where submitted papers require additional levels of review. Furthermore, DOAJ only includes fully open access journals, which typically have lower fees than hybrid journals. Most NIH-funded research published open access appears in hybrid journals.

According to the Background section of the RFI, the NIH is assuming an average APC based on what has been included in funding requests to date. These numbers do not take into account the papers published in subscription-supported journals, which sustain operations without charging authors any APCs. The NIH analysis also does not account for

the inevitable increase in funded authors needing to pay an APC to ensure compliance with the new zero-embargo public access policy.

A recent analysis concluded that the capped fees proposed in this RFI will not cover APCs for publishing in the journals where NIH-funded researchers most frequently submit their work (<https://www.scholcommlab.ca/2025/09/03/nih-apc-caps/>). Capping an APC devalues the efforts that societies and our volunteer physicians and scientists put into evaluating and amplifying research papers.

Much of what is outlined in the Gold Standard Science document is already part of the scholarly publishing workflow, particularly for society journals. NIH-funded researchers comprise a core constituency of our membership, and our journals are proud to be routinely chosen as the venue for disseminating NIH-funded research results.

As the NIH is aware, in addition to facilitating timely peer review by our expert editors leading to improvements to the manuscripts, journals staff and editors conduct an intensive integrity review that can include:

- Appropriate trial registration
- Affirmation of the required IRB approvals
- Adherence to CONSORT and other reporting standards
- Plagiarism checks
- Adherence to authorship criteria
- Disclosure of financial relationships and other potential conflicts of interest
- Checking that figures are free of inappropriate manipulation
- Adherence to data sharing requirements

For papers published in our titles, we invest in amplifying the research and putting it in context through podcasts, commentaries, videos, plain language summaries, and graphical abstracts. We also invest in editorial fellowship and career development programs, reduced or no-cost access and APCs for developing countries, and discounts for society members.

The research integrity tools we use require staff, vendors, platforms, and extensive training for staff and editors. The existence of paper mills and now AI-generated papers that include fabricated figures, tables, and data has significantly complicated the research integrity screening process. Yet, these checks are vital to protecting trust in the published scientific record. These are not free tools.

Our expert editors ensure that abstracts, titles, and conclusions accurately represent the results of the research. In addition to content review, the editors facilitate methodological

and biostatistical reviews. It is not uncommon for submitted manuscripts to go through more than one review cycle. In fact, it is extremely rare that revisions are not requested, triggering further review.

Non-profit societies have a vested interest in helping authors improve their manuscripts to be the best possible output. We look forward to meeting with you to discuss how this work benefits authors, the research and medical communities, and the patients who are at the center of our missions. Ultimately, the NIH benefits from this work, as does society as a whole.

American Society of Clinical Oncology

The Endocrine Society

American Thoracic Society

American Society of Anesthesiologists

American Heart Association

American Academy of Neurology

American Society of Nephrology

American Society of Hematology

American Urological Association

American Gastroenterological Association

American Psychiatric Association

American College of Physicians

American Academy of Ophthalmology

Society for Vascular Surgery

American Society of Cataract & Refractive Surgery

American Academy of Pediatrics

American Association of Child and Adolescent Psychiatry

Society for Cardiovascular Angiography & Interventions

American College of Cardiology

Society for Cardiovascular Angiography and Interventions

American Academy of Orthopaedic Surgeons

American College of Surgeons

American Association for Cancer Research

NEJM Group