



THE UNIVERSITY OF TEXAS AT AUSTIN
Office of the Vice President for Research, Scholarship and Creative Endeavors

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September 15, 2025

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

Subject: Response to NIH RFI NOT-OD-25-138 – Concerns and Recommendations on Limiting Allowable Publishing Costs

Dear Dr. Jorgenson,

This letter responds to your Request for Information (RFI) on *Maximizing Research Funds by Limiting Allowable Publishing Costs* (NOT-OD-25-138). At The University of Texas at Austin (UT Austin), the Office of the Vice President for Research, Scholarship and Creative Endeavors and the Office of the Senior Vice Provost for UT Libraries convened a broad campus consultation—including the Associate Deans for Research and the UT Libraries HELIOS Advisory Group—to compile this response.

As a leading public research university, The University of Texas at Austin appreciates the NIH's commitment to ensuring public access to federally funded research and to maximizing the impact of taxpayer-supported science. However, we believe that the five proposed options for limiting allowable publishing costs do not adequately address the complexities of the scholarly publishing ecosystem. In fact, they risk creating unintended consequences—particularly for graduate students and early-career researchers—by shifting financial burdens without addressing systemic cost drivers.

Key Concerns

- **Unintended Hardships:** Caps or restrictions on publishing costs may disproportionately affect early-career researchers who rely on publications for career advancement. These individuals often lack discretionary funds and institutional support to absorb APCs (article processing charges).
- **Market Response:** Publishers are likely to adapt pricing structures to fit within NIH-imposed limits, potentially reducing transparency and quality. Without broader reform, cost caps may simply shift the problem rather than solve it.
- **Peer Review Integrity:** Proposals to pay for peer review risk incentivizing quantity over quality, undermining the rigor of scholarly evaluation. Our Associate Deans for Research strongly caution against this approach.

Recommendations

1. **Engage the Full Ecosystem:** Effective reform requires collaboration among funders, researchers, reviewers, publishers, libraries, and academic institutions. NIH should convene stakeholders to co-design policies that balance cost control for reasonable publishing costs with equitable access and academic integrity. This could be supported, in part, through Transformative Agreements, encouraging and funding institutional and consortial negotiations with publishers that promote open access and pricing transparency. The participation by The University of Texas System and UT Austin in the Texas Library Coalition for United Action (TLCUA) demonstrated the effectiveness of this strategy.
2. **Promote Cost Transparency:** Require publishers to disclose APC structures, waiver policies, and revenue models for NIH-funded publications.
3. **Protect Early-Career Researchers:** Ensure that any cost-limiting policies include safeguards for graduate students and junior faculty, such as dedicated publication support or exemption mechanisms that would promote any discounts or waivers available from NIH, their home campus or their home university system.
4. **Invest in Sustainable Infrastructure:** Expand support for public repositories like PubMed Central, GenBank, while recognizing their limitations in peer review and disciplinary coverage. Consider funding community-led publishing platforms and institutional repositories that could support the peer-review process.
5. **Require:** Fully enforce existing deposit requirement in the NIH Public Access Policy—require all funded researchers to deposit copies of their Author Accepted Manuscripts into PubMed Central (or another agency-approved open repository) immediately upon acceptance for publishing.

We share NIH's goal of making research more accessible and impactful with reasonable publication costs. We also recommend that NIH consider other complimentary strategies such as investing in public access infrastructure, supporting diamond open access models, and recognizing peer review pre-prints as compliant research outputs. However, we sincerely stress that meaningful change must be systemic, inclusive, and informed by the lived realities of the research community. We urge NIH to reconsider the proposed options and pursue a more holistic strategy with the appropriate stakeholder engagement.

Sincerely,



Fernanda Leite

Interim Vice President for Research

Joe J. King Professor in Civil, Architectural and Environmental Engineering



Robert H. McDonald

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