September 12, 2025

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

RE: **NIH Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs**

To Whom It May Concern:

On behalf of the nearly 40,000 members of the American College of Emergency Physicians (ACEP) and the more than 10,600 members of the Society for Academic Emergency Medicine (SAEM), we appreciate the opportunity to respond to this request for information by the National Institutes of Health (NIH) on Publishing Costs and Peer Reviewer Best Practices.

1. Proposed policy options

Of the proposed policy options, **we recommend Option 3: Set a limit on allowable costs per publication and allow a higher amount to be paid when peer reviewers are compensated.** This option limits the financial liability for grant use in predatory publishing models, while creating strong incentive to increase reviewer compensation in scientific publishing. Within this policy option, we recommend the NIH promote options for low-cost open-access publications for granted projects, which could lower publication expenditures while continuing to provide wider access to products that benefitted from public grants.

Various other models of reducing the burden of Article Processing Charges (APCs) have been discussed by experts in this field, including their advantages and disadvantages.[1] Our group notes that one proposed solution involves the financial arrangements that many universities have with publishers to negotiate or cover APC costs. Unfortunately, this lack of standardization and transparency in publication charges likely creates an advantage for the journals, rather than the researchers. Further, researchers at smaller institutions or community sites – both of which are vital to successful emergency medicine research – are especially disadvantaged in their ability to negotiate these discount arrangements. As an additional step towards cost-reduction, however, the NIH may consider requiring funded investigators at centers with these agreements to certify that they have investigated and if available, used this option at their own institution for the journal in question.

Given the funding power of the NIH, we recommend that a superior model include negotiation centrally and directly by the NIH, potentially to include capping of APCs, with publishers who want to accept articles created using public funds.

2. Available evidence related to publication costs and proposed options

The problem of APC charges for researchers and funders continues to grow, as these charges have outpaced inflation and increases in biomedical funding support.[1] In a large study within our own field of Emergency Medicine, mean APC for open access publications cost $2,243.04, with relative costs exceeding this amount when corrected for purchasing power parity in various low-and-middle-income countries (LMICs).[2] This unaffordability phenomenon has also been demonstrated in other fields.[3] The publication of no-fee open access articles has succeeded as a model for journals across multiple specialties and impact factors, including premier publishers such as the New England Journal of Medicine.[4,5] While supporters of APCs suggest that eliminating them may reduce publication quality, no data appears to support this assertion.

3. Peer review compensation

Regarding peer reviewer compensation, we recommend that the NIH support this change to the review process, within strict quality limitations. Recent editorials support increasing this practice given the vast amount of time and resources spent by researchers on this endeavor.[6–9] Purported benefits for reviewer compensation include improved consistency, enlargement of the reviewer pool, and more rapid time from submission to publication for research products. Currently, scientific reviewers come mainly from high-income countries, and compensation may support researchers from low-resource settings with less financial support for academic pursuits. Potential drawbacks of paying peer reviewers at medical journals include the possibility of increased costs of publication and a risk of reduced review quality. Studies of paid reviewers suggest improved efficiency of the peer review process, but not necessarily better quality reviews.[6,7] Payment for reviewers, if implemented, should be tied to quality of reviews to ensure that a minimal standard for quality of review be provided prior to earning any compensation. Lastly, we recommend that the NIH explicitly prohibit the compensation of reviews performed only by artificial intelligence (AI), which has not been validated for this purpose. These tools may have appropriate use cases in medical review and publishing, but their contributions currently do not justify the extra cost afforded to human expert-level reviewers.

Regarding NIH study section participation, the current model is reasonable. Adding compensation would not be expected to improve the quality of reviews or the reviewer pool at this level. Appointment to an NIH study section entails an already competitive process for a highly sought-after role, and those serving are consequently dedicated to quality reviews and evaluating the best science.

4. Publishing best practices

With an increasing availability and decreasing cost for machine-learning tools and AI technology in publication pre-screening and fraud detection, we recommend NIH focus payments for extra services instead on aspects of breadth of reach for articles, material support given for articles, and the degree of human capital inserted into the publication and advertising process.
For example, publication in journals with exceptional quality or else important but narrow fields, in which extra rigor must be applied for articles prior to acceptance given a need for specialized expertise of reviewers, should be supported. Support offered by journals for graphical improvements, hand illustrations, or special formatting could also justify increased costs for publication. For articles with particularly important results, additional financial compensation could be justified to assist with announcements of the article results beyond the scope of the medical journal itself, including assistance with press releases, social media broadcasting, or translation into lay literature.

5. Other Comments

We recommend that the NIH, either alone or in partnership with other federal agencies, consider developing an internally-managed online open-access publication venue. Such a publication model would require rigorous peer review and stringent quality control processes to attract investigators. To facilitate the administration of this publication venue, we recommend that the NIH consider mobilizing the large potential pool of editorial experience and reviewer choices within the body of funded NIH researchers. If successful, this option could provide a low-cost resource while highlighting and drawing attention to the results of publicly funded research. A central publication model could also serve as a test-bed for research into peer review itself. Such a major paradigm shift from the current privately-run publisher model could be very attractive to investigators, the scientific community, and the public.

1. Gorelick DA, Li Y. Reducing open access publication costs for biomedical researchers in the U.S.A. MIT Sci Policy Rev [Internet] 2021 [cited 2025 Sept 4];2. Available from: https://sciencepolicyreview.pubpub.org/pub/qzh6me2x/release/2
2. Dove C, Chan TM, Thoma B, Roland D, Bruijns SR. A cross-sectional description of open access publication costs, policies and impact in emergency medicine and critical care journals. Afr J Emerg Med 2019;9(3):150–5.
3. Seguya A, Salano V, Okerosi S, et al. Are open access article processing charges affordable for otolaryngologists in low-income and middle-income countries? Curr Opin Otolaryngol Head Neck Surg 2023;31(3):202–7.
4. Gaggero G. A Review of Open Access, No-Fee Journals Indexed in PubMed and Scopus for Publishing Image Reports in Medical Research. Acta Medica Litu 2024;31(2):245–53.
5. Editorial Policies | About The New England Journal of Medicine [Internet]. [cited 2025 Sept 4];Available from: https://www.nejm.org/about-nejm/editorial-policies

6. Cotton CS, Alam A, Tosta S, Buchman TG, Maslove DM. Effect of Monetary Incentives on Peer Review Acceptance and Completion: A Quasi-Randomized Interventional Trial. Crit Care Med 2025;53(6):e1181–9.
7. Cheah PY, Piasecki J. Should peer reviewers be paid to review academic papers? Lancet Lond Engl 2022;399(10335):1601.
8. Aczel B, Szaszi B, Holcombe AO. A billion-dollar donation: estimating the cost of researchers' time spent on peer review. Res Integr Peer Rev 2021;6(1):14.
9. Adam D. The peer-review crisis: how to fix an overloaded system. Nature 2025;644(8075):24–7.