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# My Response to the NIH Request for Information on Proposed APC Caps

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An NIH cap. Source: <https://shopfaes.com/shop-nih-1/p/legacy-reclaim-stretch-fit-cap>

In [my last blog post](#) for Upstream, I noted that there were some potential issues with, and good alternatives to, the NIH plan to cap grant spending on article processing charges. One of my suggestions was that the NIH put its plan out for public comment so they could draw from community input in their final policy. Thankfully, the [NIH did just that](#) and the public can submit comments on the plan until 15 September 2025. In an [interview with Science](#), I noted this shift in posture by the NIH will move the needle on scholarly communication reform further and faster than any other funder has done. Here, I share my response to the request for information (RFI) with suggestions on how NIH can make this move responsibly. I formatted this post to be consistent with the NIH's [questions in their submission form](#). My responses are in italics.

I am deeply grateful and appreciative that the NIH is providing the public with an opportunity to provide input into their policymaking. The RFI incorporates several ideas that I have directly advocated for, including preprints and peer-review reform, into the proposed options. However, the NIH needs a more comprehensive plan if they want to maximize research funds for the purpose of public access than the options lay out and my response below highlights how they could achieve that goal.

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## 1. Proposed policy options

NIH seeks input on the option, or other option not considered in the Request for Information, that best achieves the goal of balancing flexibility in providing research results with maximizing the use of taxpayer funds to support research.

*I appreciate the thought that went into the development of the proposed options listed in NOT-OD-25-138. However, none of those options are comprehensive*

*enough to fully achieve NIH's goal of maximizing research funds with its public access policy. The NIH should take the following five steps to do so:*

- *Require all NIH grantees and intramural researchers to deposit preprints of their NIH-funded work in an appropriate publicly accessible repository. Allow for preprints that have undergone transparent peer-review to count towards the NIH public access policy. Fund preprint repository and preprint review services.*
- *Clearly communicate that authors are always able to self-deposit their peer-reviewed author-accepted manuscripts into PubMed Central without cost. NIH needs to directly and publicly counter the misinformation that some publishers are giving to NIH grantees and intramural researchers that they must pay article processing charges in order to comply with the NIH policy. NIH should reward publishers, such as Science/AAAS and AIP, that provide easy paths for authors to comply with NIH public access policies with "green" open access for the federally funded research they publish.*
- *Encourage grantee institutions to provide a percent of NIH award indirect costs to support institutional repositories, community-supported open access journals (i.e., diamond open access), and other shared-resources that institutions can provide to support cost controls.*
- *Enforce NIH's Federal Purpose License to ensure all NIH funded research products including data and publications are accessible to the public. Section 8.2.1 of the NIH grants policy already incorporates the Federal Purpose License into its award contract Terms & Conditions. NIH needs to train its program officers to conduct better oversight and enforcement of that policy.*
- *Modernize public access infrastructure at the National Library of Medicine to lower research burden by: 1) ingesting data from and interoperating with university institutional repositories; 2) creating a discoverable mapping between PMC numbers and any DOIs associated with manuscripts; and 3)*

*improving the submission interface for depositing manuscripts and data (perhaps with AI-based enhancements).*

## 2. Available evidence related to publication costs and proposed options

NIH seeks any evidence (either from your own work or other publicly available sources) that can be publicly shared that addresses the considerations of one or more of the options.

*I encourage NIH leadership to read the three reports that OSTP submitted to Congress between 2022 and 2024 on the costs of scholarly publishing. Sadly, the publisher lobbyists continue to convince Congressional appropriations staff that these reports do not exist. That's misinformation that the NIH can push back against by citing the latest report in its final policy, which is the most comprehensive compilation of evidence of any source and is [available here](#).*

*The NIH appears to have relied solely on OA journals without considering the costs that hybrid journals also impose in the analysis presented in the RFI. There are a couple of resources that the NIH can draw from for more data on APCs and "gold" open access charges: Springer Nature [publishes their costs here](#), Elsevier [publishes their costs here](#), and Wiley publishes theirs [here](#). Publishers will claim that it is expensive for them to publish an article and that the APCs are justifiable either because of the prestige-value of specific vanity journals or because of their actual expense. Sadly, most for-profit publishers will never share their realized costs per page, per article. Public accounts of surplus revenues (i.e., profits) sometimes in excess of 40% suggest that their APCs contribute to the very price-gouging that NIH wants to curtail. NIH should demand granular transparency to the public from all publishers they do business with at NLM.*

## 3. Peer review compensation

NIH is interested in hearing ideas about factors related to paying for peer review. Specifically, NIH invites input on factors that NIH should consider in determining whether peer reviewers are appropriately compensated.

*I am intrigued by any reform proposal that aims to improve the broken peer-review system. However, the peer-review proposal here has little to do with actually controlling costs and I encourage NIH to abandon this option. There is not yet enough evidence to suggest that compensating reviewers improves quality and avoids gaming.*

*I support policies that require transparent peer-review (non-blinded and shared regardless of final manuscript disposition or editorial decision). See the first bullet in response to this RFI's first question for details on a step that NIH should take here with respect to peer-review.*

#### 4. Publishing best practices

In addition to compensating peer reviewers, other kinds of publishing best practices, such as use of automated fraud detection capabilities, may contribute to higher publishing costs. NIH is seeking further input on additional factors that it should consider in determining the allowability of a higher per publication cost.

*It is encouraging that some journals are deploying emerging technology to help improve their value. However, the NIH should be cautious against any automated or AI-based fraud detection, peer-review, summarization, et cetera, system as justifiable for higher publication costs. These systems have risks that have not been fully understood and the risks and consequences of their use should lay fully with the publishers. The AI-based fraud detection systems are in an untenable arms-race as LLMs and computer-vision will continue to advance proportionally for nefarious and beneficial uses alike.*

## 5. Other Comments

NIH welcomes input on any aspect of the RFI.

*Ultimately, author behavior is largely driven by the academic incentive structure. The publish or perish culture motivates authors in part because Universities use publications as the currency with which researchers expend to attain tenure and promotion. NIH policies, including the final policy informed by this RFI, should encourage broad incentive structure reform that rewards researcher productivity in areas beyond publishing in traditional journals. This could include: providing research experience to trainees, sharing research data and code, participating in preprint peer-review, and communicating their research to policymakers.*

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## References

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