September 15, 2025

To: National Institutes of Health Office of Science Policy

From: Association of American Medical Colleges
Association of American Universities
Association of Public and Land-grant Universities
COGR

Re: Request for Information (RFI) on Maximizing Research Funds by Limiting Allowable Publishing Costs (NOT-OD-25-138)

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

On behalf of the undersigned organizations, we appreciate the opportunity to provide feedback to the National Institutes of Health (NIH) on the agency's plan to address concerns with rising publication costs by limiting the allowability of these costs in NIH awards (NOT-OD-25-138). This policy initiative will directly affect how federal research funding supports the dissemination of scientific findings, and we appreciate that the agency provided several options for consideration prior to implementing any sweeping changes.

As a threshold matter, we fully support NIH's objective to enhance the utility and accessibility of federally funded research. Together, we have strongly supported the agency's commitment to providing public access to scholarly publications resulting from NIH- funded research.[1] However, we are concerned that arbitrary limits on the allowability of publication costs such as article processing charges (APCs) could undermine these goals by: 1) forcing investigators and institutions to make choices about where to publish federally-funded research findings based on cost alone rather than ensuring maximally effective dissemination of results; and 2) creating a tiered system in which results from institutions with more resources could be more widely read and cited than those unable to cover unallowable APCs. These unintended outcomes could be detrimental to the impact of NIH-supported research as well as awardees, especially early-career investigators, and could fail to incentive or drive the behaviors of publishers that NIH seeks to change.

[1] See our joint letter on the NIH Draft Public Access Policy, available at: https://www.aau.edu/key-issues/aau-submits-joint-comments-nih-draft-public-access-policy.

In consideration of these issues, our organizations strongly urge NIH to explore other mechanisms for addressing concerns around publication costs – approaches that recognize that neither institutions nor individual investigators have control over publication costs. We assert that the behavior modifications and changes to the ecosystem the agency seeks will not be accomplished through this policy change. Further, with limited funds available to conduct research, we strongly recommend retaining the current policy, which relies on the investigators to assess how their grant dollars should be used to support the robust and effective dissemination of the results of federally-funded research.

Of the five options proposed in the RFI, none will fully support the actual costs of publication of the results of federally-funded research. In designing and implementing a policy that both recognizes publication as an essential component of research and meets the agency's goals of ensuring stewardship of federal funds, we urge that NIH:

- Avoid arbitrary per-publication caps and provide maximum flexibility for investigators to allocate funds for disseminating federally funded research.
- Explore alternative mechanisms to address rising publication costs, recognizing that the desired publication ecosystem changes will not be achieved by limiting allowable costs.
- Provide at least one year for implementation of any new policy to allow institutions time to adjust budgets, departmental allocations, and publisher negotiations before the policy takes effect.
- Monitor the impact and effect of a new policy on investigators, institutions, and the availability of the results of NIH-funded research.

Assessment of Policy Options Proposed by NIH

Our organizations support NIH's efforts to maximize the return on the federal investment in research and to ensure that research findings are openly disseminated. The obligation to make federally funded research results publicly available is central to achieving the taxpayer's return on investment. To maintain the quality, rigor, and integrity of scientific research, federal funding must not only cover experimentation and analysis but also support the proper curation of data and the sharing of results. **Publication costs are an integral part of the process to ensure dissemination of research results and to disallow all publication costs (as proposed in Option 1) would run counter to the agency's goal and mandate to make research findings publicly available.** Furthermore, some publishers have taken the position that they will not allow immediate deposition in PubMed Central without the selection of a fee-based open access option, thus creating a situation where compliance with the NIH public access policy could subject them to unallowable publication costs or require submission to a different journal.

In considering how to address rising APCs, we urge the NIH to recognize that these costs are controlled entirely by publishers, not by academic institutions or individual investigators. While we share the NIH Director's concerns about the average APC costs,[2] such concerns cannot be addressed by the indirect process of disallowing some or all of these real and non-negotiable costs for NIH-funded researchers. **We urge the NIH not to impose any arbitrary per-publication caps on allowable costs as proposed in Option 2, Option 3, and Option 5**. Instead, we recommend that NIH develop guidelines and incentives for investigators to use their best judgment to manage federal funds to select the most appropriate and impactful venues for disseminating their work.

We recommend that NIH not put any limits on the allowable publication costs in grants but instead provide maximum flexibility for investigators to determine how best to allocate available funds to the critical process of disseminating the results of federally-funded research. Should some limits be necessary to effectively advance NIH's goals on the stewardship of federal resources, a percentage of the total award, paired with a minimum allowable cost, would be the least disruptive, with the recognition that publication costs are not allocated evenly over the course of a multi-year research project. This approach most closely aligns with Option 4 as NIH has proposed. However, in reviewing the NIH's own data on average publications per grant and average APCs per publication, the proposed limits of 0.8% of the grant or $20,000 underestimate the costs that investigators are likely to face, especially under the July 1, 2025 NIH Public Access Policy requirement that NIH-funded research be published with no embargo period. Prior to the new policy going into effect a 12 month embargo period was allowed, which may have kept APCs lower than current or projected publication costs.

In 2024 the average NIH award was approximately $620,000,[3] and the average number of publications per award was 6.9.[4] With the average APC costs for journals where NIH-funded researchers publish approaching $4,000,[5] investigators routinely spend nearly $28,000 on APCs over the duration of a grant, a percentage that is closer to 4.3% than 0.8% of the award. **We urge that should NIH adopt Option 4, the limits on allowable publication costs be no less than the higher of $28,000 or 4.3% of the grant.**

The impact and effectiveness of any policy should be monitored by reviewing actual APC charged to NIH awards over the next two years to more accurately and appropriately estimate and adjust caps based on empirical data. Additionally, we ask NIH to consider building into the

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[2] NH Director Statement "NIH to Establish New Policies for Allowable Publication Costs," July 8, 2025, available at: https://www.nih.gov/about-nih/nih-director/statements/nih-establish-new-policies-allowable-publication-costs.
[3] The average NIH award amount in 2024 was $620,233. See: https://report.nih.gov/nihdatabook/report/155.
[4] See: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-138.html.
[5] See: https://www.scholcommlab.ca/2025/09/03/nih-apc-caps/.

policy a waiver process for circumstances where publication costs exceed caps due to research requirements (such as high-volume awards or specialized journals critical to research dissemination for specific projects).

Considerations for Unintended Consequences of Limiting Allowable Publication Costs

The policy NIH eventually adopts on allowability of publication costs has the potential to create barriers to effective and impactful sharing of federally-funded research results. Prior to announcing and implementing any policy change in this area, we request that the NIH consider the following concerns that could either be effectively addressed or exacerbated as a result of the final policy on allowable publication costs.

- **Driving investigators to choose less expensive journals to publish in over the most appropriate venue for the research is detrimental to individual research projects and to science as a whole.** Limiting publication costs contradicts NIH's own efforts to strengthen reproducibility and prioritizing gold-standard science by driving changes in investigator and institution behavior related to dissemination of research results, and requiring a focus on the most inexpensive methods, not the most effective methods. Moreover, arbitrary caps that prevent publication in certain journals could incentivize researchers to seek out less-expensive options by publishing in journals that forgo peer review, which is particularly dangerous for biomedical and health research.

- **Disallowing some publication costs will have unequal impacts on investigators and institutions, creating a tiered system of research result sharing.** When institutions are required to cover publication costs that exceed arbitrary caps, costs over which they have no control, those costs may be covered in some circumstances and not others. Institutions that are more highly resourced or able to negotiate lower publication costs from publishers through transformative agreements will be more likely to publish in more expensive journals than smaller or less well-resourced institutions. Further, even at more well-resourced institutions, it is possible that additional publication costs will not be available to every researcher, department, or research project, a reality that could disproportionately affect the ability of early career researchers to be published in some journals. While we do not assert that publication costs alone indicate journal quality, excluding certain institutions or researchers from publishing in specific journals due to cost could prevent research results from being published in the most appropriate journal based on field or audience.

- **Communicating research results without publication in a scientific journal is not a viable option for effective dissemination or for the future careers of NIH-funded**

investigators. While a move toward valuing diverse research outputs beyond publications has long been in process, it is a significant culture shift. We agree that scientific merit should be measured by a broad set of research outputs, including shared datasets, and agree with NIH's assertion "that a cap on allowable publication costs affects a research product that is often relied upon in NIH grant reviews." We caution that NIH may not easily be able to "undertake additional steps to ensure consideration of the value of other research products (e.g., shared datasets) in the review of funding applications and other mechanisms."

- **Imposing static, specific dollar caps on publication costs fails to recognize the dynamic nature of publishing models and requirements.** In addition to concerns of fairness in imposing allowable cost limits, implementing a policy that incorporates specific dollar amounts may require regular revision by NIH as average APCs, new publication models, and changes from publishers make this world uncertain at best.

Finally, we ask that NIH include an implementation period of at least one year for any policy change. The impacts of this policy will be felt not only by individual awardees but also by institutions that must recalibrate and budget for any costs that previously would have been covered by NIH grants but now need alternative decisions or sources of funding. Institution and departmental budgets, as well as institution-wide negotiations with publishers, cannot be revised with little notice.

Please feel free to contact any of the following contacts with any questions about these comments: Anurupa Dev, Director of Science Policy and Strategy, AAMC (adev@aamc.org); Kate Hudson, Deputy Vice President and Counsel, Government Relations & Public Policy, AAU (kate.hudson@aau.edu); Kacy Redd, Associate Vice President of Research and STEM Education, APLU (kredd@aplu.org); or Krystal Toups, Director, Contracts & Grants Administration, COGR (ktoups@cogr.edu). We look forward to continued engagement with NIH as this policy development process progresses.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 Canadian medical schools accredited by the Committee on Accreditation of Canadian Medical Schools; nearly 500 academic health systems and teaching hospitals, including Department

of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe.

The Association of American Universities (AAU) was founded in 1900 and is composed of America's leading research universities. AAU's member universities earn the majority of competitively awarded federal funding for research that improves public health, seeks to address national challenges, and contributes significantly to our economic strength, while educating and training tomorrow's visionary leaders and innovators. Its members include 69 public and private research universities in the United States.

The Association of Public and Land-Grant Universities (APLU) is a membership organization that fosters a community of university leaders collectively working to advance the mission of public research universities. The association's U.S membership consists of more than 240 public research universities, land-grant institutions, state university systems, and affiliated organizations spanning across all 50 states, the District of Columbia, and six U.S. territories. The association and its members collectively focus on increasing student success and workforce readiness; promoting pathbreaking scientific research; and bolstering economic and community engagement. Annually, its U.S. member campuses enroll 4.4 million undergraduates and 1.4 million graduate students, award 1.3 million degrees, employ 1.2 million faculty and staff, and conduct $64 billion in university-based research.

COGR is the national authority on federal policies and regulations affecting U.S. research institutions. We provide a unified voice for over 230 research universities and affiliated academic medical centers and research institutes. Our work strengthens the research partnership between the federal government and research institutions and furthers the frontiers of science, technology, and knowledge. We advocate for effective and efficient research policies and regulations that maximize and safeguard research investments and minimize administrative and cost burdens.