

This response is submitted in relation to NOT-OD-25-138, which seeks input on the NIH Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs.

### **Institutional data**

An analysis of our institution's publishing practices shows a significant article processing charges (APC) cost variance compared to the analysis summarized in the RFI.

- An analysis of our institution's publication practices over the last two fiscal years (July 2023-June 2025) was done to identify where authors at our institution were most likely to publish original research papers that had been assigned a PMCID. We analyzed fifty-four peer-reviewed journals where the authors had published at least 5 papers during this period.<sup>1</sup>
- For this set of fifty-four journals, the average APC is \$5,009 (\$0-\$12,690). The median APC is \$4,300.<sup>2</sup>
- The RFI options are based on these NIH calculations: DOAJ global average APC is \$1,235.51, the DOAJ U.S.-published journals' average APC is \$2,177. The average requested in NIH budgets is \$2,600-3,100.
- The RFI's proposed Options will seriously underfund publication by awardees at our institution and, except for Option 1, will serve to add significant complexity to already complex compliance and budgeting requirements.

On September 8, 2025, NIH announced posting of the R01 data set utilized in its RFI analysis.<sup>3</sup> Because the R01-derived data do not list journal names and represent planned publication expenditures that do not factor in publication caps, we are unable to compare our set of 54 journals described above. We also find the DOAJ data offer challenges in representing standard APC fees for biomedical publishing as the RFI analysis

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<sup>1</sup> This analysis represents 53% of the original research published by researchers at our institution during this period that were assigned a PMCID by 8-18-25. Papers assigned a PMCID are much more likely to have NIH funding. Original research is most likely to have been peer-reviewed and subject to the NIH Public Access Policy. Source of data: In-house database of institutional publication records curated from PubMed and other academic literature databases.

<sup>2</sup> APC data for the analysis were pulled from publishers' posted price lists and individual journal websites available during August, 2025.

<sup>3</sup> <https://osp.od.nih.gov/reminder-nih-seeking-public-input-on-proposal-to-maximize-research-funds-by-limiting-allowable-publication-costs/>

was not filtered to exclude non-biomedical journal categories and DOAJ does not include listings for hybrid journals. Almost half of our 54 journals did not have an entry in DOAJ. A 2025 paper by Tocco *et al* concluded that hybrid journals have higher APCs than fully open-access journals across all medical specialties.<sup>4</sup> APC calculations reported in the RFI are likely based on data for too few hybrid journals and too many non-biomedical journals.

## **Response to the RFI**

In preparing our response to the RFI, we invited principal investigators, researchers, and research support staff to share their thoughts in a survey. Participants in the survey were asked to rank the 5 options proposed by the NIH in NOT-OD-25-138, with 1 being the most desirable and 5 the least desirable options. Based on the 51 responses received, we would like to provide the following information for NIH's consideration.

The option ranked the most desirable is Option 4: ***Set a limit on the total amount of an award that can be spent on publication costs.*** It should be noted, however, that respondents stated that they chose Option 4 because it “*seems the most feasible,*” or “*is the least bad.*”

The least desirable option is Option 1: ***Disallow all publication costs. NIH could no longer support publication costs through any funding mechanism.*** There was one respondent, however, who voted for Option 1 as this may “*convince journals to reduce/eliminate publication fees.*”

**A few respondents commented that none of the options appealed to them.** In addition to the key concern surrounding the PI's inability to afford the APCs to comply with the NIH Public Access Policy if a cap on publication costs is in place, a respondent pointed out that “*NIH has not raised grant funding amounts in relation to cost of living in over 20 years,*” and that the new NIH policy places additional “*burden on investigators and not directly on journals.*” Investigators will then need to worry about negotiating publication fees with journals on top of conducting outstanding scientific research.

**Another respondent acknowledged the NIH's intent to accelerate public access to NIH-funded research** by eliminating the embargo period but asked how the journals would stay in business. Also of concern was whether the limit on publication costs would hinder compliance with the NIH Public Access Policy. According to the respondent, “*I have*

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<sup>4</sup> Tocco EG, Mayhew MM, Mercante MG, Kuchimanchi N, Moheb ME, Shen C, Tsung A, Witt RG. Variability in article processing charges of open-access publishing across medical specialties. PLoS One. 2025 Jul 30;20(7):e0320684. doi: 10.1371/journal.pone.0320684. PMID: 40737231; PMCID: PMC12309987.

*never paid journal publication fees in my career (almost 3 decades) but now may be forced to pay open access fees in order to comply with NIH rules of depositing author accepted manuscripts in PubMed. Perhaps the intent is to broaden the peer review system into online only publication in public domain?..."*

Clearly the connection between the implementation of the NIH Public Access Policy and a cap on allowable publication costs cannot be missed. Most of the comments considered the proposed limits on publication costs in relation to compliance with the NIH Public Access Policy.

Key observations can be summarized as follows:

**1. Conflict between the NIH Public Access Policy and the limit on allowable publication costs**

- Limits on allowable publication costs will hinder the ability of NIH-funded researchers to comply with the NIH Public Access Policy.
- An R01 project, especially one that produces a rich data set, can yield multiple papers. With APCs needed to comply with the Public Access Policy and the cap on publication costs, the PI may be able to publish only one or a couple of papers when more papers could have been published if the costs to comply with the policy were lower and there was no limit on the publication costs.
- A cap on publication fees likely would discourage PIs without additional financial support from their institution to publish more once they reach the cap on allowable publication costs. This in turn will negatively impact the timeliness of research dissemination.
- An example of a response: *"I published 20 peer review manuscripts last year. Many of these papers did not require any publication fees, as they were published prior to the policy that rolled out on July 1st. But under the new system, I would have needed tens of thousands of dollars to publish even a small percentage of these papers."*

**2. The onus will be on NIH-funded authors to negotiate with publishers and their institutions in order to publish their research.**

- The recent NIH Public Access Policy means that NIH-funded researchers will need to select journals that not only maintain high standard but also provide affordable options to comply with the NIH Public Access Policy. It appears NIH-funded researchers would face additional burden of dealing with

publishers, leading to more time spent on administrative tasks and less time on their research productivity.

- NIH-funded researchers may find themselves in conflict with their institutions, especially in cases where their institutions cannot support the extra costs of publications but still need to comply with the NIH Public Access Policy at the same time. PIs would be left to negotiate with not only publishers but also their institutions on their own.
- Research faculty who rely on publications for their tenure review and promotion would be negatively impacted by the inability to cover extra publication costs.

### **3. Inequity in research publications**

- Researchers at institutions that cannot offset the costs of publication beyond the allowable cap will find themselves at a disadvantage as they will not be able to afford additional publications, or even consider publishing in high-impact, prestigious journals that usually cost more. In the long run, without publications in high-quality journals, researchers, especially postdoctoral fellows and early career investigators, will be less competitive in their future grant applications.
- The NIH Simplified Peer Review Framework was implemented earlier this year to reduce reputational bias and foster more equity in research funding. The cap on publication costs could potentially undo some of the progress in research funding equity as the cap would favor researchers who could afford to publish more at higher costs.

### **4. The quality of published research may diminish.**

- Journals need to charge enough to cover costs and maintain high quality publication standards and availability of the published research. Limiting the amount of funds allowed for publication fees could result in some journals having to lower standards to meet budget restrictions.

### **5. Timeline for implementation**

- The target date for implementation (January 1, 2026) is too close. Some PIs may not have planned sufficient budget for publication, and requesting additional funds from the institution may not be feasible in the middle of a fiscal year.

- Clarification will be needed for active awards and manuscripts under review. Will rebudgeting be required? Will the cap apply to the manuscripts reviewed and accepted prior to January 1, 2026, but will be officially published after that date?

### **Additional suggestions**

- A limit on publication costs conflicts with the NIH Public Access Policy. As long as journals require APCs, NIH should not limit the allowable publication costs.
- If NIH decided to put a cap on publication costs, would it be possible for NIH to engage with publishers directly to ensure that NIH-funded research would be charged fees at the limit allowed by NIH or at other acceptable terms?
- Or, would NIH negotiate with publishers to waive APCs for NIH-funded research in need of compliance with the Public Access Policy?
- Our institution's awardees would welcome rapid advice on what alternative Research Products would be acceptable in an RPPR, as mentioned in the RFI. Academia increasingly credits faculty for a broader array of research activities that NIH might consider, such as peer reviewing for a journal, organizing conferences or symposia, serving on a journal's editorial board, mentoring early career colleagues, establishing collaborations with peers outside their institution, etc.

Thank you for the opportunity to contribute to this initiative.