I write as a professor of vaccinology and infectious diseases with an active NIH portfolio, as Chair of the Publications Committee for the Infectious Diseases Clinical Research Consortium (on behalf of the Committee), and an associate editor overseeing vaccine manuscripts. Thank you for prioritizing stewardship of research funds. My comments focus on vaccines/ID clinical trials, including multisite/platform designs.

Summary position
Support **Option 5** that balances flexibility with fiscal guardrails, with a narrow, auditable exemption path for atypically high-output awards (e.g., platform trials). Pair a **per-publication cap of $6,000** with a **per-award cap equal to the greater of 0.8% of direct costs or $20,000** across the award.

Targeted refinements (concise):

1. **Make the "no-APC-required" route unmistakable**. The updated Public Access Policy lets authors comply by depositing the Author Accepted Manuscript (AAM) in PMC upon acceptance, with no embargo at the official publication date. Compliance is free; fees to submit to PMC and any double-charging where institutional agreements already cover costs are unallowable. Say this up front in the final policy and link a one-page AAM checklist.

2. **Codify Option 5 parameters and exemptions.** Keep the $6,000 per-paper and 0.8%/$20,000 floor per-award limits; allow case-by-case exemptions with program-officer approval for well-justified, high-volume contexts (brief justification, expected outputs, journal mix, and institutional offsets).

3. **If retaining an uplift (Option 3), define quality criteria.** Apply the higher per-paper limit only when journals (a) compensate reviewers at or above a transparent minimum and (b) publish reviews/decision letters with DOIs; include enforceable trial-registration and data/code-availability checks and documented integrity screens.

4. **Clarify "publication costs" vs. unallowable charges.** List inclusions (APCs; page/color/over-length; mandatory submission fees) and explicit exclusions (fees solely to submit AAMs to PMC; charges already covered by institutional deals; costs incurred after closeout). Note that costs may be charged during the 120-day liquidation window if incurred before closeout.

5. **Prevent double-billing with read-and-publish agreements.** Require net-invoicing (itemized offsets applied before billing NIH) and encourage institutions to surface covered titles at submission.

6. **Give clear rules for multi-funded, multi-site papers.** Require proportional allocation to benefiting NIH awards, bar multiple NIH awards from paying the same invoice, and apply the same caps to subawards.

7. **Apply uniformly across mechanisms**. State explicitly that caps cover grants/cooperative agreements (including Ks, Fs, Ts, Rs, Us), contracts, and Other Transactions, consistent with the Public Access Policy's scope. Provide trainee friendly examples (e.g., dissertation papers, protocol papers) to encourage AAM first compliance without APCs.

8. **Track and learn.** Collect simple, award-level publication-cost totals at closeout and publish de-identified aggregates by IC/mechanism to guide future adjustments.