Wolters Kluwer

September 15, 2025

Below is Wolters Kluwer Health's response to the National Institute of Health's Request for Information (RFI) entitled Maximizing Research Funds by Limiting Allowable Publishing Costs. Thank you for allowing us to share our views.

To provide background, Wolters Kluwer Health is a leading global provider of clinical technology and evidence-based solutions that engage clinicians, patients, researchers, and students in effective decision-making and outcomes across the healthcare continuum. The company publishes more than 300 society and proprietary medical journals in both print and electronic formats for healthcare professionals in almost every specialty.

We commend Dr. Bhattacharya and the National Institute of Health (NIH) for seeking opportunities to maximize public access to federally funded research. Wolters Kluwer supports the mission of open science and the goals of the NIH to ensure ethical publishing practices that uphold editorial quality, integrity, and reproducibility.

Our comments below address the intent to establish an Article Processing Charge (APC) cap through policy NOT-OD-25-138 issued on July 8, 2025, which risks undermining the infrastructure that enables high-quality, sustainable publishing and could have unintended consequences for authors, journals, and the broader research ecosystem. Furthermore, the proposed cap may inadvertently challenge the sustainability of the practices needed to maintain the gold standard of science outlined in the May 23, 2025, Executive Order, which the NIH seeks to endorse.

APC caps artificially suppress the price mechanism that reflects quality, innovation, and service differentiation in medical publishing. Higher APCs correlate with journals that receive a high number of submissions and employ rigorous editorial standards upheld through investment in research integrity tools, expert editorial insight, and biostatistical analysis. Higher APCs also correlate with faster turnaround times, greater standards for impact, and broader dissemination, all of which are essential to scholarly integrity and require greater investment. By capping prices, NIH may undermine the visibility and impact of federally funded research, making it difficult to compete with the global scholarly publishing community.

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The following points should be considered by the NIH:

- **Market Diversity**: APCs vary widely across reputable journals because of differences in editorial scope, rigor of quality assessment, production standards, and technical infrastructure. An APC cap oversimplifies this complexity and risks penalizing journals that invest in quality, innovation, and integrity. It may also disadvantage journals owned by non-profit societies and those serving specialized fields, which often operate on leaner margins and rely on APCs to maintain editorial excellence. By narrowing the range of viable publishing models and discouraging investment in specialized, high-quality journals, an inflexible APC cap threatens to erode the diverse, competitive landscape essential for advancing and upholding the gold standard of science.

- **Preserving Author Choice**: NIH-funded authors can already comply with the public access mandate by publishing in subscription-based journals and depositing accepted manuscripts in PMC without paying APCs. This route offers cost-free compliance and preserves author choice. Imposing price caps on APCs is therefore not necessary for compliance and risks distorting a market that already offers multiple pathways to meet NIH's goals. The cap could disproportionately limit researchers' ability to publish in journals that best align with their scientific goal, leading to reduced availability of trusted publishing venues, particularly in fields where NIH-funded research is most active.

- **Sustainability**: Many journals rely on APCs to fund essential services such as editorial oversight, production, and long-term archiving. Caps could destabilize these operations, especially for journals that do not have alternative revenue streams. The cap may also severely disadvantage non-profit medical societies, who rely on their journal publishing revenues to maintain not only editorial excellence, but also to fund education, advocacy, and research in their fields. Caps on APCs threaten their sustainability.

- **Innovation Risk**: Price caps may discourage investment in new publishing models and technologies that improve transparency, discoverability, and integrity. Publishers are actively developing tools to support open science and reproducibility. A rigid pricing framework could stifle these efforts and slow progress toward a more open and efficient research ecosystem.

The APC cap policy frames publishing as a secondary expense, yet core publishing functions, such as editorial oversight, content production, digital archiving, and compliance with ethical and accessibility standards, are integral to the scientific process. Sharing of research results in journals informs clinical practice and patient care. High-quality publication ensures reproducibility, peer validation, public engagement, and accessibility of research to the layperson, which are all needed to uphold the gold standard of science.

In summary, each journal is unique, with distinct and tailored editorial processes and infrastructure that reflect the needs of its specialty, authors, and readers. We urge the NIH to pursue a more nuanced approach that promotes affordability and transparency without compromising publishing quality, author flexibility, or the sustainability of the scholarly ecosystem. If the NIH is determined to proceed, Option 4 offers the greatest flexibility by leaving researchers to decide how to use funding to manage their publication plans. If implemented, further study may be needed to determine the appropriate cap because the current cap could disproportionately affect large, multi-publication projects, especially in high-output fields. Journals will also require a transition period to adapt to this new approach, making a January 2027 implementation date advisable. We welcome continued dialogue and collaboration to ensure that public access goals are met in a way that supports researchers, journals, and the public interest.