



September 15, 2025

NIH Office of Science Policy
6705 Rockledge Drive, #750
Bethesda, MD 20817

Submitted electronically via www.osp.od.nih.gov

Subject: Response to Request for Information on “Maximizing Research Funds by Limiting Allowable Publishing Costs” [Notice Number: NOT-OD-25-1380004]

Dear NIH Office of Science Policy:

On behalf of the American Association for Dental, Oral, and Craniofacial Research (AADOCR), the leading professional community for multidisciplinary scientists who advance dental, oral, and craniofacial research, we appreciate the opportunity to comment on the NIH’s Request for Information (RFI) on “Maximizing Research Funds by Limiting Allowable Publishing Costs”. Our mission aligns with the broader scientific community’s goal to make publicly funded research accessible, equitable, and sustainable.

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.

Many factors enter into investigators’ decisions of which journal to submit a manuscript to, including, but not limited to, journal quality and reputation, journal aims and scope, target readership, journal frequency, journal turnaround time, funder mandates, and publication costs. AADOCR believes investigators should have the freedom to submit to the journal that will best advance their research and the field.

Although not presented as an option in the RFI, research funds can best be maximized by NIH-funded authors depositing the author-accepted manuscript version directly to PubMed Central. This fulfills the [NIH Public Access Policy](#) and provides the public with access to the author-accepted version at no or minimal additional cost to the American taxpayer. The final published version would be available to institutional and individual subscribers of that journal.

If immediate public access of the final published version is still needed, setting an arbitrary cap on allowable Article Processing Charges (APCs)—particularly one significantly below the prevailing rates charged by reputable and high impact journals—could have serious unintended consequences for the research ecosystem, and could unintentionally harm the very goals it aims to support—namely the broad and equitable dissemination of high-quality, publicly funded research.

AADOCR recommends that NIH consider implementing a tiered or flexible APC cap that reflects differences across disciplines, publishing models (e.g., nonprofit vs. for-profit, open

access-only vs. hybrid), and whether the institution has a transformative agreement with publishers that shifts funding from subscriptions to open access publishing for affiliated authors. A one-size-fits-all APC cap may restrict access to reputable journals and create new barriers to publication for NIH-funded researchers, especially early-career scientists who lack publication budgets. Any APC cap should be informed by real-world publishing costs and adjusted for discipline-specific needs.

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.

Based on an AADOCR analysis of APC costs for immediate access journals to provide immediate access (either gold or green open access) in the “Dentistry, Oral Surgery and Medicine” category, the average APC cost for journals with a Journal Impact Factor (JIF) in the top 50 percent was \$3,584 in 2024—well above the limit on allowable direct costs (\$2,000 per publication) being considered under Options 2 and 3 in the RFI.

According to [DeltaThink](#), which conducts one of the most comprehensive reviews of open access pricing through its annual survey of APCs of major publishers covering over 20,000 titles going back to 2016, fully open access APC prices rose about 9.5% year-over-year heading into 2024 with maximum fees approaching \$8,900.

APCs vary widely across journals and disciplines reflecting differences in publisher pricing models as well as operational costs, services offered, and economies of scale. A flat, across-the-board cap on APCs risks penalizing smaller, nonprofit journals that don’t have the financial resources of larger publishers but nonetheless provide a platform for disseminating high-quality, reputable research.

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.

While AADOCR strongly supports the recognition of peer reviewers, we urge NIH to reject policies that would impose new, unfunded mandates on publishers to compensate peer reviewers. Such an approach is financially unsustainable, especially for smaller journals that already operate with limited resources, such as nonprofit or university-affiliated publications, and contradictory to NIH’s stated goal of maximizing research funds.

Compensating peer reviewers financially would represent a significant shift from the long-standing academic norm of reciprocal review—a model that has allowed the scientific publishing ecosystem to function sustainably for decades. Introducing payment for reviewers would undermine the current collaborative system in which researchers contribute their time with the understanding that others will do the same for them.

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.

Investing in best practices are critical to maintaining the integrity and accessibility of scientific research. For example, automated fraud/plagiarism, image detection tools, flagging statistical errors and inconsistencies, compliance with reporting guidelines and software to guard against unethical use of AI in publishing are increasingly standard safeguards against misconduct. Similarly, data and code verification services play a vital role in ensuring the reproducibility of published findings, a central element of the Administration's goal of "Restoring Gold Standard Science".

Discoverability and compliance with public access mandates also contribute to publishing costs. Enhancements to accessibility and alignment with federal open access requirements demand technical infrastructure and staff expertise. Long-term digital preservation services ensure that the scholarly record remains stable and accessible in the future.

We urge NIH to recognize the value of these practices as essential components of a publishing system that promotes Gold Standard Science and fosters public trust in research.

5. Other Comments

NIH welcomes input on any aspect of the RFI.

NIH should remind investigators that depositing the author-accepted manuscript version directly to PubMed Central fulfills the NIH Public Access Policy, maximizes research funds, and provides the public with access to the author-accepted version.

Respectfully submitted,



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