Cornell University

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Dr. Jay Bhattacharya
National Institutes of Health
Office of Science Policy
9000 Rockville Pike Bethesda, MD 20892

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

Dear Director Bhattacharya and NIH Leadership,

On behalf of Cornell University, we respectfully submit the following comments to NOT-OD-25-138 in response to the agency's Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs. Cornell appreciates your diligence in seeking public input on the proposed changes and welcomes this opportunity to comment.

Cornell University is a privately endowed research university and a partner of the State University of New York. As the federal land-grant institution in New York State, Cornell has a responsibility to make contributions in all fields of knowledge in a manner that prioritizes public engagement to help improve the quality of life in our state, the nation, and the world. Cornell's research expenditure in 2022 was $1.18 billion dollars, supporting cutting edge research and discoveries in a broad array of areas in medicine, engineering, agriculture, computing and information, veterinary medicine, chemistry, among many others.

We outline Cornell's position on NIH's proposed options and offer additional factors for NIH's consideration to help maximize research funding, while recognizing the vital role publications play in the scientific process and in promotion and tenure decisions.

To put our answers in context and underpin the statement that excessive publication costs can lessen the funds available for research, Cornell University and Weill Cornell Medicine (WCM) authors contribute to the publication of 2,770 papers per year on average, in PubMed Central.[1] Using the average article processing charge (APC) as presented in the RFI of $2,177, those papers represent a total cost of over $6 million dollars per year. While we acknowledge that publishing is not "free", current costs are neither reasonable nor sustainable.

[1] Based on data from PubMed Central, with Cornell University or Weill Cornell Medicine author affiliations, between the years of 2018 and 2023, with NIH funding.

Option 1 (disallowing all publication costs through NIH grants) shifts the costs of publishing without reducing them, leaving no funding streams available to investigators for publication costs. **Until another model is in place, our investigators cannot bear the financial burden of publishing research studies under this option.**

Options 2-5 (capping publication spending per award) may be possible solutions, if reasonable allowances for supporting publication costs are included. **Of these, Option 4 (limit on total amount of award to spend on publishing) would be preferred, as allowable publishing costs would be directly tied to the amount of the award.**

Option 3, which allows for increased funding when peer reviewers are compensated, is particularly concerning. Introducing paid peer review undermines the academic ethos of voluntary, community-driven scholarship. It risks commodifying a process that should remain grounded in collegiality, transparency, and shared responsibility. While improving peer review is a worthy goal, financial incentives are not the solution and may introduce bias or distort reviewer motivations. Alternately, NIH could consider alternate compensation, such as "credits" with a publisher or journal for review work, or incentivizing review work as valuable to universities and funders in grant applications and tenure and promotion processes.

Ultimately, all of the proposed options fail to address the root causes of price inflation in scholarly publishing. Setting fixed limits on APCs or total award spending creates pricing floors, not ceilings. This approach can normalize high APCs and encourage publishers to price their services at or just below the maximum allowable amount, further promoting inequitable publishing models.

Furthermore, these approaches may inadvertently penalize researchers with high publication output or those working in fields with few low-cost publishing options. Additionally, they do little to encourage innovation in publishing models or support alternatives such as diamond open access, which offer no-cost publishing to authors and readers alike.

Additional Recommendations

We encourage expansion of open-access infrastructure that serves the research community through predictable operational costs rather than per-article fees whose levels are driven by for-profit publishers.

To this end, we recommend that NIH:

1. **Fully enforce the existing deposit requirement in the NIH Public Access Policy**. We encourage NIH to take an active role in working to shape the open-access publishing landscape by participating in development of criteria and requirements for journals, platforms, and repositories and providing support for creating publishing venues in fields where they are lacking. We urge NIH to take into account the experience of other funding

agencies internationally that have sought to support a transition to public access to publicly funded research results[2].

2. **Enhance the NIH Public Access to policy** to ensure the public – and future researchers – have the right to fully reuse these publications to maximize their value. Creating clear guidance, templates, and workflows to help NIH-funded authors navigate rights with publishers will help ensure easier compliance, as well as downstream reuse, maximizing future return on today's research investments.

3. **Support sustainable open access options**. NIH should incentivize the use of publication options that do not rely on expensive fees to publishers, such as deposit of Author Accepted Manuscripts (AAMs) into open repositories, preprint sharing, rapid dissemination of data, code, software, and other research outputs, and non-profit or community-controlled publishing outlets and infrastructure. NIH should continue to invest and provide researchers with cost-effective sharing infrastructure (PubMed Central, disciplinary data repositories, etc.).

We thank you for the opportunity to provide input on this initiative and remain dedicated to engaging with NIH in the process of discovery through learning, teaching, scholarship, and innovation.

Sincerely,

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Elaine Westbrooks
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[2] For example, Plan S, was an initiative launched in 2018 by a consortium of national research and funding agencies from EU countries (cOAlition S), and requires immediate, embargo-free open access to all scholarly publications from research supported by national, regional, international funding agencies.