ASPET
Transforming Discoveries into Therapies

Submitted online via RFI website on September 15, 2025.

Re: Response to NOT-OD-25-138, *Maximizing Research Funds by Limiting Allowable Publishing Costs*

On behalf of the members of the American Society for Pharmacology and Experimental Therapeutics (ASPET), we appreciate the opportunity to provide comments on the Request for Information (RFI) regarding *Maximizing Research Funds by Limiting Allowable Publishing Costs* (NOT-OD-25-138).

ASPET is a 4,000-member scientific society whose members conduct basic and clinical pharmacological research and work in academia, government, industry, and non-profit organizations. ASPET members conduct research leading to the development of new medicines and therapeutic agents to fight existing and emerging diseases. ASPET is a global pharmacology community that advances the science of drugs and therapeutics to accelerate the discovery of cures for disease.

ASPET commends NIH's commitment to broad public access to scientific outputs. However, ASPET believes that the proposed policies as currently shared will risk undermining the goals that NIH seeks to achieve.

We will provide comments on each of the proposed policy options below. Following the policy options, we will provide the requested information on specific issues NIH highlighted in the RFI.

Proposed Options for Limiting Costs
Option 1: Disallow All Publication Costs
Proposal: Prevent NIH grant funds from being used for any publication costs.

Option 1 will have profound negative consequences. By disallowing all publication costs, NIH-funded investigators would be forced either to pay APCs out-of-pocket or to seek institutional subsidies. Both approaches disproportionately disadvantage researchers at smaller institutions, which lack the robust library budgets or central publishing funds that larger universities maintain.

Disallowing APCs entirely would likely lead to a two-tiered publishing system: well-funded investigators would continue to publish in established journals, while under-resourced researchers would either be excluded from high-visibility venues or pushed toward low-cost, potentially predatory publishers. This would deepen inequities in the scientific workforce and erode trust in the literature.

Small society publishers would be especially harmed. Removing NIH support would cut off a major source of sustainable revenue, jeopardizing journals that focus on specific areas of basic science where commercial publishers see little profit.

Option 2: Cap Allowable Costs at $2,000 per Article
Proposal: Limit allowable publication costs to $2,000 per article.

While the proposed $2,000 cap reflects the global median APC, such a ceiling oversimplifies a highly variable market. APCs range from under $1,000 at some society-run journals to over $10,000 at certain high-impact titles. The average does not reflect the diversity of costs across disciplines.

Certain fields often require extensive supplemental materials, high-resolution imaging, or complex data hosting. APCs in these fields often exceed $2,000 due to higher production and hosting requirements. A strict $2,000 cap would force researchers either to forgo reputable journals or to divert personal or institutional funds creating a tiered system.

For small societies, many APCs fall in the $2,500–$3,500 range, reflecting rising costs of maintaining submission systems, plagiarism detection, and XML/PubMed formatting. A $2,000 cap would place them below cost recovery, forcing price reductions that threaten journal survival. This risks further consolidating publishing in the hands of large commercial publishers, who can cross-subsidize across hundreds of titles.

Option 3: Raise Cap to $3,000 if Peer Reviewers Are Compensated
Proposal: Allow APCs up to $3,000 if journals compensate peer reviewers and publish reviews.

ASPET appreciates NIH for recognizing the value of peer review and transparency. However, conditioning APC reimbursement on reviewer compensation creates unintended barriers.

Most small society journals operate through volunteer peer review, often seen as a professional obligation. Introducing compensation would increase costs dramatically and require new administrative infrastructure to track hours, payments, and disclosures. This new unfunded mandate for small societies would force many to cease operations.

This option favors large commercial publishers who are already experimenting with reviewer payments. Yet, higher APCs at these journals would become “allowable,” while small nonprofit journals unable to compensate reviewers would remain capped at $2,000. This bifurcated policy inadvertently disadvantages community-driven publishing. Paying reviewers may not necessarily improve quality. Volunteer peer review, when well-managed, remains a cornerstone of scholarly communication. Mandating compensation risks eroding the ethos of professional service that sustains the system.

Option 4: Cap Total Publication Costs per Award at 0.8% or $20,000
Proposal: Limit cumulative publication costs per award to 0.8% of direct costs, or $20,000, whichever is greater.

ASPET appreciates seeing more flexibility than per-paper caps, recognizing that research outputs vary by project. This option still creates challenges. For small awards, such as R21 or exploratory mechanisms, 0.8% translates into a few thousand dollars—insufficient for even two papers. Meanwhile, large center grants could absorb costs more easily.

Such proportional caps may exacerbate disparities between established investigators with large awards and early-career researchers with smaller grants. Smaller labs may be forced

to ration publications or seek lower-cost outlets, undermining visibility and career advancement.

For publishers, this policy introduces uncertainty. If total caps reduce the number of allowable papers, societies may see reduced submission volume, harming their sustainability. Over time, this could reduce the diversity of available journals.

Option 5: Combine Per-Article Cap of $6,000 with Overall Cap
Proposal: Cap costs at $6,000 per paper, within an overall award cap of 0.8% or $20,000.

ASPET recognizes the flexibility that the NIH has put into this option, however this option still creates a favorable option to large commercial publishers and creates a marketplace for consolidation. By setting a cap to $6,000, NIH is effectively putting a floor and ceiling in place that will place smaller society publishers at a severe disadvantage. The result could be reduced submissions, financial instability, and eventual closure of smaller venues.

Request for Information

1. **The option, or other option not considered here, that best achieves the goal of balancing flexibility in providing research results with maximizing the use of taxpayer funds that support research**

ASPET believes that researchers should have academic freedom to choose where they communicate and share their findings, including their preferred choice of journal or license for reuse. ASPET also supports the requirement that grantees should be good stewards of the public funds they receive and the importance of that relationship between the researcher and the public. The options presented in this RFI do not offer a solution without creating additional intended and unintended consequences that will ripple through the United States biomedical research enterprise compromising the well-being of Americans.

Any option should avoid rigid caps and allow flexible ranges tied to real APC data. These ranges need to have a set review period, potentially biannually or triennially. If NIH does not find that real APC data is available, it should require such transparency from publishers who publish NIH sponsored papers. While creating another administrative step, NIH could aid small society journals through grants and streamline programs.

2. **Any evidence that can be publicly shared that addresses these considerations of one or more of the options**

For Option 3:

- The Value of Peer Review: A Report Commissioned by the American Society of Hematology

For Option 2, Option 3, Option 4, Option 5

- The Directory of Open Access Journals is “a unique and extensive index of diverse open access journals from around the world, driven by a growing community, and is committed to ensuring quality content is freely available online for everyone.” The database **does not** include hybrid journals which allow authors to choose the option that best serves their needs, whether open access or paywalled. The underlying assertion on the price averages does not take into account these journals and skews the proposals strictly towards one avenue of publication.
- Capping APCs may backfire on the NIH, Christopher Steven Marcum, July 22, 2025.
- Scientific integrity challenges and paper mills

3. **Factors that NIH should consider in determining whether peer reviewers are appropriately compensated**

ASPET believes that the NIH should avoid creating policy in this unsettled area. ASPET welcomes NIH to be a partner in the discussion on peer reviewer compensation, however it should not force compensation on the field without furthering the conversation. Peer reviewed articles are the gold standard in scientific publishing and NIH should be weary of any unintentional influence or conflict of interests where the scientific community is still wrestling with this conversation.

4. **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.**

Beyond the aforementioned automated fraud detection capabilities, there are other best practices journals use that contribute to higher publishing costs. Some of the journals are members of organizations that help set standards and best practices such as Committee on Public Ethics or adopt standards developed by the National Information Standards Organization. Journals add value by adding metadata and tagging which allows greater searchability. And there is the human element including ethics reviews and analysis of what fraud was discovered by the automated fraud detector or by other reviewers. Small society journals strive to publish in a manner that sometimes eclipses that of large commercial publishers which adds value and cost to the published article.

5. **Other evidence or information not considered here that NIH should consider in its policy on limiting allowable publication costs.**

Rigid price caps are price controls which favor large publishers and will consolidate publishing options and suffocate dissemination of niche areas critical to basic research. With the continued rise of AI and paper mills, each new piece of detection software increases the cost of publication. A more flexible approach is needed that is evidence based that accounts for evolving costs, sustains small society publishers, maintains the peer review process, and does not lead to consolidation at either the institutional or publisher levels. A continued conversation is needed between NIH and the publishing community to reach a policy that works for the continued responsible stewardship of public funds and the dissemination of scientific discoveries.

ASPET welcomes and asks for collaboration with NIH on this topic through workshops, working groups, or pilot programs to refine how NIH will approach this stewardship.