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Jayanta "Jay" Bhattacharya, M.D., Ph.D.
Director
National Institutes of Health
Submitted via online comment form

Re: Notice Number: NOT-OD-25-138

The Association of Academic Health Sciences Libraries (AAHSL) consists of libraries at accredited U.S. medical schools and major American academic health centers. Founded in 1977, AAHSL collectively represents some of the largest purchasers of biomedical journals and other health sciences resources in the country.

The Medical Library Association (MLA) represents over 3,000 health sciences librarians and information professionals across the United States working in hospitals, academic medical centers, research institutions, government agencies, pharmaceutical companies, and other healthcare organizations. Founded in 1898, MLA provides professional development, certification programs, and advocacy for health information access throughout America.

Together, our organizations bring decades of combined expertise in health sciences information management, scholarly publishing, and biomedical research support. MLA and AAHSL members serve on the front lines of healthcare information delivery, working directly with physicians, researchers, students, and patients and their caregivers to ensure access to critical health information. Our members possess deep knowledge of academic publishing models, subscription management, and the evolving landscape of article processing charges (APCs). We have long championed open access to scholarly literature as essential for advancing American health sciences knowledge and improving patient care.

We agree that "journals with large publishing fees can lead awardees to pay unreasonably high fees from their NIH awards." We appreciate an overall goal to reduce the amount of NIH funds to support these fees. **However, none of the proposed options ultimately address the issue of high APCs, which is the root problem. We encourage approaches to remove or reduce financial costs in order to meet public access requirements, rather than shifting more costs to the researcher or institution**. We identify and describe issues with the options proposed in this RFI, present some further points for consideration, and alternative, preferred approaches.

Issues and Concerns

We have concerns about the methods that were used to inform the policy options and recommend that new analyses are conducted before any new approaches (including any of the proposed options in this RFI) are put into place.

- The first analysis only used data from journals that meet the criteria of Directory of Open Access Journals (DOAJ), which is limited to those journals with the publishing models of gold open access or subscribe to open. This excludes hybrid journals which are prominent in disciplines of NIH funded authors. For example, as of 8/22/25 the publisher Elsevier showed 2,004 hybrid journals in its portfolio, 1,132 in the Health or Life Sciences categories. The APC for hybrid journals is on average higher than those charged by fully open access journals [1-3], therefore the average and median APC quoted in this RFI are underestimated. For example, results from the study by Asai[3] that compared the APCs for 1,354 Springer hybrid and gold open access journals revealed that the charges for hybrid journals were on average $1,620 (US) higher than those set by gold open access journals.
- In the second analysis presented in the RFI, data was used from grants awarded before the new effective date of the Public Access policy requiring no embargo. Currently some publishers including Elsevier and Springer Nature are pushing authors to publish Open Access (OA) and pay an APC to comply with the new policy (an unintended consequence)[4]. The amount requested for publication costs will likely increase as authors will budget to submit OA in a hybrid journal, when in the past they would have budgeted $0 and achieved OA through Green open access by depositing their post-peer review, accepted manuscript in PubMed Central, Europe PMC, or other approved repository.

We identify multiple unintended consequences that may result from the proposed options to limit costs including the following, which would reduce research quality, access, and variability overall:

- Having static caps in a dynamic economy is not a reasonable approach for sustainability. The cost of journal subscriptions has risen exponentially over the past several decades, generally outpacing the budgets of any academic health sciences and/or medical library as well as the rate of inflation. There is little to no reason to believe that this practice won't continue, including with it a rise in APCs. **Based on past patterns, if a limit is placed on APC costs, we expect that limit to become the floor for APC costs, further increasing costs for authors and institutions.**

- **We have already seen that high APC rates are limiting the choices of where clinicians, researchers, faculty, postdocs, and students can publish their research findings**; often excluding their first-choice journals that would have the greatest impact and reach in their discipline. An option that limits available grant support for APCs does not alleviate this pressure, rather it creates an additional barrier.
- **Researchers with little support for their publishing costs may seek out collaborators from institutions that have publishing agreements** and invite them to be the corresponding author only to have their publishing fees covered, rather than based on their true scientific contributions.
- Since this policy only limits allowable money used towards fees, but doesn't limit fees themselves, **ongoing large publication fees charged either to institutions or to authors will affect researchers overall and especially impact early career researchers**.
    - **Early career researchers** (faculty, clinicians, and in non-profit research institutions) are still growing their body of experience that established researchers have, and therefore are operating with less or no funding. They may also work in less resourced institutions.
    - **Success in publishing is required to advance researchers' careers, receive promotion/tenure, to make grant applications more competitive**. Publishing a certain amount of works or in highly impactful journals is not taken lightly. Therefore, limiting access to publishing in such journals for under-funded and early career researchers will create further inequities in their career progress.

Regarding Option 3 allowing higher costs when peer reviewers are compensated or use of automated fraud detection:

The idea of funding compensation for peer review or automated fraud detection are themselves topics that require separate consideration and comment and should be addressed in a separate RFI. We have questions about how the NIH chose peer review compensation or use of automated fraud detection as examples of costs within the publishing process that could be factors in determining caps for allowable costs for publications.

Alternative Approaches for Public Access to Research

Alternative approaches that may support researchers in publishing in high impact open access journals at lower to no cost include the following:

- The new Public Access Policy requires zero embargo to make publications immediately available. We enthusiastically support this goal, but recognize that this is a significant change that will cause a variety of reactive responses by the publishing and research communities. Since its early implementation, we have already seen publishers' policies be in flux. Wiley's "Understand your funder's agreement with Wiley" webpage originally stated "Authors who deposit before the end of the embargo period for non-OA articles will be in violation of their license agreement," but they have since removed this language[(4)]. For this reason, **we recommend that NIH pilot a temporary policy of the approaches selected to address publication costs, with a timed assessment and evaluation plan to adjust to as yet unknown changes in the scholarly communication ecosystem**.

- **Ensure that the NIH Public Access Policy for publications encourages compliance through green OA methods with zero embargo** (lowering costs and eliminating the need for APC payment to comply): by encouraging the option for researchers to comply with the policy through deposit of post-peer review accepted manuscripts in PubMed Central, Europe PMC, and other agency approved repositories, including institutional repositories.

    - Work with institutional repository coalitions, such as the U.S. Repositories Network (USRN) to establish criteria for agency approved repositories

- **Support sustainable open access scholarly communication and research data infrastructure development, maintenance, and support**, including: institutional repository development and maintenance and scholarly diamond open access publishing (such as by university presses, non-profit professional associations, and libraries) that provide open access peer-reviewed and editorially reviewed scholarly publications with no fees for authors or readers.

- **Ensure that authors understand the NIH's Federal Purpose License to empower them to make their accepted manuscripts available in PubMed Central (PMC) without delay, when they receive contrary messaging from publishers.** Unfortunately we are seeing publishers update their policies (as to not lose out on profits), requiring NIH funded authors submitting to a hybrid journal, to publish OA and pay an APC, in order to be in compliance. For example, Springer Nature now states that

    "Publishing via the subscription route is not a viable option: Choosing the subscription publication route in a Springer Nature journal conflicts with

immediate public access policies, such as NIH's policy. Authors will therefore need to opt for gold OA in order to comply with the NIH's policy."[4]

Authors are therefore feeling forced to opt for gold OA and pay. Authors need explicit communication from NIH stating that when they agree to receive funding from NIH they also agree to the Federal Purpose License which allows them to retain the rights to deposit their author accepted manuscript, in PMC (or another agency approved repository), irrespective of any conflicting statements from publishers.

- **Strengthen reuse rights for publications produced from funded research**: NIH does enable reuse (under a limited license) of author manuscripts in machine-readable formats via the PMC Open Access Subset dataset. However, NIH could further strengthen reuse rights in two ways.
    - Increase the application of NIH's Federal Purpose License[5] and permit all users of federal research all rights described within it at all times to improve public access and usability of federal research results.
    - Such common usage rights could be made even more comprehensive, clear, and immediate in the future by requiring an open license, such as a CC-BY (Creative Commons-Attribution) license, on all publication manuscripts deriving from NIH funding and deposited in PMC or in other agency-approved repositories.
- **Encourage changes to current incentive structures for success in NIH funding and in research career paths to promote using community supported scholarly research publishing, archiving, and communication infrastructure, such as diamond open access publishing and institutional repositories**. NIH funding review criteria and the criteria used by large research institutions that emphasize publishing in 'high-impact' or prestige journals that charge APCs will continue to incentivize researchers to likewise prioritize expensive, profit-driven journals and publication venues. By clearly communicating a preference for public access alternatives at no cost to authors and by adding criteria for grant proposal reviews that preference open sharing of research products (publications, data, software code) and open research (open science) practices, the NIH can help change incentive structures for success in funding and for researcher career advancement. Further, NIH could collaborate via professional community workshops on new approaches to evaluation criteria of research publications for researcher career advancement. Some researcher and scholarly institution professional organizations to consider reaching out to for representation for such workshops include, MLA, AAHSL in the health information sphere, and more broadly, organizations such as: SPARC, COS

(Center for Open Science), APLU (Association of Public and Land-Grant Universities), and other general and disciplinary scholarly professional associations and organizations.

If the NIH policy continues to permit individual APCs as allowable costs, we recommend some options for consideration:

- Only permit NIH funding APC support via **NIH negotiated low to no cost agreements** with publishers.

- Rather than supporting individual authors' APCs, **support institutions and consortia to negotiate inclusive and uncapped "read and publish agreements" with publishers that cover any APCs** for all authors (clinicians, researchers, faculty, staff, students) of the institution. As we stated in the beginning of our response, we do not fully support the premise of these agreements which would still shift more costs to institutions, but the reality is that if APCs continue in any way similar to the current publishing environment, options, such as 'transformative' or 'read and publish' agreements could decrease the overall spend on publishing and provide a more equitable approach of APC payments across an institution.

- **Do not support APCs for hybrid journals** as public / open access to funded research publications can be (and is) achieved via other mechanisms such as through deposit into institutional repositories (or for NIH, deposit to PMC). Hybrid journals are criticized for many reasons,[(1)] including for 'double-dipping' as they result in two revenue streams for publishers, charging higher APCs than gold OA journals while also continuing to charge subscription fees to institutions for full access to journal content, which is needed by researchers. Two major funders prohibit hybrid journal APCs in their funding support [(6)].

Thank you for your consideration of these comments. Please feel free to reach out to the MLA/AAHSL Joint Legislative Committee co-chairs Ryan Harris, rharr103@charlotte.edu and Melissa DeSantis, melissa.desantis@cuanschutz.edu, if you would like to discuss any of the above.

References

1. cOAlition S (2021). "Why hybrid journals do not lead to full and immediate Open Access." Retrieved August 22, 2025 from: https://www.coalition-s.org/why-hybrid-journals-do-not-lead-to-full-and-immediate-open-access/.

2. Koong A, Gardner U, Burton J, Stewart C, Thompson P, Fuller C, Ludmir E, Rooney M. (2023). Factors Associated With Open Access Publishing Costs in Oncology Journals: Cross-sectional Observational Study. JMIR Form Res 2023;7:e44633. https://doi.org/10.2196/44633.

3. Sumiko Asai. (2023). Determinants of article processing charges for hybrid and gold open access journals. *Information Discovery and Delivery* 7 April 2023; 51 (2): 121–129. https://doi.org/10.1108/IDD-09-2021-0098

4. Hansen, D. (2025). "An Updated NIH and Publisher Guidance: What Authors Need to Know about NIH's Public Access Policy." Authors Alliance. Retrieved August 22, 2025 from https://www.authorsalliance.org/2025/07/18/an-update-nih-and-publisher-guidance-what-authors-need-to-know-about-nihs-public-access-policy/.

5. National Institutes of Health. (2024). 8.2.1 "Rights in Data (Publication and Copyrighting)." In NIH Grants Policy Statement. Retrieved August 27, 2025 from: https://grants.nih.gov/grants/policy/nihgps/html5/section_8/8.2.1_rights_in_data__publication_and_copyrighting_.htm

6. Stokstad, E. (2018). "In win for open access, two major funders won't cover publishing in hybrid journals." ScienceInsider. Retrieved August 22, 2025 from: https://www.science.org/content/article/win-open-access-two-major-funders-wont-cover-publishing-hybrid-journals.