

September 15, 2025

National Institutes of Health
Office of Science Policy
6705 Rockledge Dr #750
Bethesda, MD 20817

Re: NOT-OD-25-138—Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs

To Whom It May Concern:

As the leading authority on oral health in the United States, the American Dental Association (ADA)—representing more than 159,000 dentists nationwide—writes to express concerns about a recent National Institutes of Health proposal to limit the allowable expenses for NIH grantees to have their research published in peer-reviewed journals.

Since 1913, *The Journal of the American Dental Association* (or *JADA*) has been the nation's premier peer-reviewed journal advancing the science behind oral, dental, and craniofacial health. With a reach that expands beyond ADA's 159,000 members, boasting nearly 2 million article views and downloads a year, *JADA* is a "must-read" publication for the practicing dentist, the dental researcher, and the dental educator. About 10% of the articles published in *JADA* are based on original research funded in whole or in part by NIH.

NIH is proposing five options to limit the amount its grantees may apply toward the cost of publishing its research in peer-reviewed journals. Those funds typically support the costs of peer review, as well as graphics development, copyediting, layout, distribution, and more.

Enclosed you will find our detailed analysis of the proposals being considered. Modest refinements to Option 4—a total cost cap per award—appears to offer the best foundation for equity across disciplines and institutions. However, we recommend a higher cap baseline informed by DOAJ and OASPA data. This approach would:

- Reflect the true cost of ethical, high-quality open publishing.
- Protect early-career researchers and smaller projects from budget compression.
- Support scalable, discipline-appropriate dissemination of public research.

The ADA supports NIH's commitment to promoting open access while being responsible stewards of taxpayer dollars. ADA is deeply aligned with these values and actively works to expand transparent, affordable open access options without compromising editorial quality. We look forward to working with you to advance those values in a way that is practical for real-world publishers.

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Thank you for providing the opportunity to comment. If you have any questions or would like to discuss further, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org.

Sincerely,

/s/

Brett Kessler, D.D.S.
President

BHK:EAS:rjb

/s/

Elizabeth Shapiro, D.D.S., J.D., C.A.E.
Interim Executive Director

Analysis and Recommendations

NIH Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs

Notice Number:
NOT-OD-25-138

September 15, 2025

As the publisher of The Journal of the American Dental Association (JADA) and JADA Foundational Science (JADA FS), the American Dental Association (ADA) appreciates the opportunity to contribute to NIH's RFI on strategies to manage and support the costs of research publications. Both ADA journals uphold rigorous peer review and prioritize timely, equitable dissemination of research that improves oral and overall health.

We support NIH's commitment to promoting open access while being stewards of public funds. ADA is deeply aligned with these values and has actively worked to expand transparent, affordable open access options without compromising editorial quality.

General Position: Support for Option 4, With Modifications

We believe Option 4—a total cost cap per award—offers the best foundation for equity across disciplines and institutions. However, the proposed cap of \$20,000 or 0.8% of direct costs appears disconnected from real-world publishing data, particularly for early-career researchers, smaller awards, and multi-article outputs.

NIH's own analysis shows average publication costs of about \$3,200 per article. Yet many fully open access journals indexed in DOAJ (especially in STEM and health sciences) report APCs exceeding \$3,000–\$5,000¹, even without luxury branding or paywalls.

Our Recommendation:

- Use median APC data from DOAJ-indexed fully open access journals to inform a data-driven cap formula.

The fixed-percentage model in Option 4 is fairer across fields with different publishing norms. Dental research, like many clinical sciences, often results in multiple mid-size studies or practice-relevant articles rather than one large landmark paper. A per-article cap (Option 2) may disadvantage this model by forcing difficult trade-offs about what gets published.

Option 4 encourages flexibility:

- Supports diverse output (brief reports, full articles, consensus statements).
- Works across both traditional hybrid and diamond/open models.
- Avoids penalizing researchers for choosing peer-reviewed, community-trusted journals over low-cost, low-quality alternatives.

Concerns Regarding Low Cap Options (Options 1 and 2)

We strongly caution NIH against adopting Options 1 or 2, which propose to disallow all publication costs or cap per-article costs at \$2,000, respectively. These options would severely limit the ability of federally funded researchers to publish in rigorous, high-impact, peer-reviewed journals that operate with transparent editorial standards and robust publishing infrastructure.

For context, JADA currently charges an Article Processing Charge (APC) of \$3,810. JADA Foundational Science (JADA FS) charges \$2,500 per article. These fees reflect the actual cost of high-quality, community-led publishing with expert editorial oversight, efficient production workflows, and compliance with open access metadata and indexing standards.

The effect of Options 1 and 2 would be to price out many federally funded researchers from publishing in journals like JADA or JADA FS, because the proposed caps do not reflect current industry realities.

- Our own data underscore the importance of preserving access for federally funded authors:
- In 2023, 13 out of 120 articles published in JADA (11%) acknowledged federal funding.
- In 2024, that number was 9 out of 120 (8%).
- In 2025 year-to-date, 7 out of 90 articles (8%) have been federally funded.
- For JADA FS, the proportion is even more significant:
 - 2 of 10 in 2023 (20%)
 - 4 of 12 in 2024 (33%)
 - 1 of 10 so far in 2025 (10%)

Limiting allowable APC support to \$2,000 per article would make publishing in either of these journals unfeasible for federally funded authors. Worse, it could drive those authors toward predatory or low-rigor journals that advertise low APCs but do not uphold the editorial and ethical standards expected by NIH and the research community. We urge NIH to reject Options 1 and 2 in favor of more data-driven and flexible strategies such as the revised Option 4.

Reviewer Compensation and Transparency Incentives: Proceed with Caution (Option 3)

We appreciate NIH's interest in exploring mechanisms to improve transparency and rigor in peer review. However, we believe the proposal to condition higher allowable publication costs on whether journals pay peer reviewers and publish reviews openly is premature and could have unintended consequences.

There is currently no consensus—across medical publishing or broader academic communities—that paying peer reviewers improves quality or equity in the peer review process. In fact, research and editorial experience suggest:

- Reviewer compensation can introduce bias: The prospect of payment may shift reviewer motivation away from scientific integrity and toward transactional speed or leniency, particularly in single-blind or open review models.^{2,3}
- Inequity and accessibility concerns: Payment structures may favor reviewers from wealthier institutions with bandwidth for fast turnaround, leaving less-resourced

researchers or those in the Global South with fewer opportunities. This risks reproducing systemic inequalities.

- Editorial independence may be compromised when payment is perceived as a quid pro quo for favorable or fast decisions.
- Administrative burdens for journals (especially society- and institutionally supported ones like JADA) would increase substantially with compensation management, particularly in fields where peer review is already under strain.

We support voluntary transparency innovations, including publishing peer review histories and reviewer acknowledgments, where aligned with journal policy. However, we caution NIH against tying publication cost allowances to reviewer compensation or open review mandates without further empirical evidence and stakeholder consensus.

We recommend instead that NIH:

- Encourage journals to adopt COPE- or ICMJE-aligned reviewer recognition policies.^{4,5}
- Fund research on the long-term effects of reviewer compensation models, including bias, diversity, and review quality metrics.
- Consider supporting community-driven reviewer training as a non-monetary approach to improving rigor.

Conclusion

We support NIH's effort to maximize research funds while promoting open access. ADA recommends adopting Option 4 with a higher cap baseline informed by DOAJ and OASPA data. This approach will:

- Better reflect the true cost of ethical, high-quality open publishing.
- Protect early-career researchers and smaller projects from budget compression.
- Support scalable, discipline-appropriate dissemination of public research.

References

1. Directory of Open Access Journals. <https://doaj.org>. Accessed September 2025.
2. Ross-Hellauer T. What is open peer review? A systematic review. *F1000Res*. 2017;6:588. doi:10.12688/f1000research.11369.2
3. Rennie D. Editorial peer review: its development and rationale. In: Godlee F, Jefferson T, eds. *Peer Review in Health Sciences*. BMJ Books; 2003:1–13.
4. COPE Council. Ethical Guidelines for Peer Reviewers. Committee on Publication Ethics. <https://publicationethics.org/resources/guidelines>. Accessed September 2025.

5. International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.
<http://www.icmje.org/icmje-recommendations.pdf>. Accessed September 2025.