September 15, 2025
National Institutes of Health
Office of Science Policy
Bethesda, MD 20892

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

Dear NIH Leadership,

The American Medical Informatics Association (AMIA) appreciates the opportunity to respond to the Request for Information regarding proposed policies to limit allowable publication costs for NIH-funded research. The American Medical Informatics Association is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, and public health experts who bring meaning to data, manage information, and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

As the premier professional organization representing the medical informatics community, **AMIA supports Option 4**, which would limit publication spending to 0.8% of an award's direct costs or $20,000, whichever is greater. This position reflects extensive deliberation among our members who regularly navigate the complex landscape of scientific publishing across multiple audiences and publication types essential to advancing biomedical informatics.

AMIA believes that Option 4 represents the most balanced and practical approach to managing NIH publication costs while preserving the research flexibility and scientific integrity that are fundamental to our field. The proposed 0.8% threshold aligns with current spending patterns documented in NIH's analysis, making it both realistic and evidence-based. By establishing a floor of $20,000, this option ensures that smaller awards are not disproportionately impacted, thereby protecting early-career researchers and pilot studies that are crucial for innovation in medical informatics. This approach provides necessary fiscal responsibility while preserving researchers' ability to publish in the most appropriate venues for their work.

The flexibility inherent in Option 4 is particularly critical for medical informatics research, which often requires multi-faceted dissemination strategies to effectively reach diverse

stakeholder communities. Unlike per-publication caps proposed in Options 2, 3, and 5, Option 4 recognizes that researchers in our field frequently must publish multiple articles from a single project to adequately convey methodologies, results, and clinical applications to different audiences. For example, a breakthrough informatics method might require a technical methodology paper targeting computer science communities, a validation study in a medical informatics journal such as The Journal of the American Medical Informatics Association (JAMIA), a clinical implementation paper for healthcare practitioners, and a policy implications analysis for health services researchers. This comprehensive publication approach is essential for maximizing research impact but would be severely constrained under rigid per-publication limits.

Our analysis of current publication costs in medical informatics reveals that the per-publication limits proposed in Options 2 and 3 ($2,000-$3,000) are insufficient to cover actual publishing costs in many high-quality journals essential to our field. JAMIA, for instance, charges approximately $3,500 for publication, while other key venues such as the Journal of Medical Internet Research and specialized informatics journals typically range from $1,500 to $4,000 or more. Traditional high-impact medical journals often exceed $3,000-$5,000. These costs reflect legitimate expenses for rigorous peer review, editorial oversight, and ensuring broad accessibility of research findings. Rigid per-publication limits could force researchers away from the most scientifically appropriate venues, potentially compromising research quality and limiting the effective dissemination of NIH-funded discoveries.

AMIA is deeply concerned that overly restrictive publication policies could inadvertently suppress scientific knowledge, particularly negative results that are crucial for preventing research duplication and advancing scientific understanding. Publishing research findings is essential not only for sharing successful approaches but also for documenting unsuccessful methodologies, thereby preventing other researchers from pursuing unproductive directions. The inability to publish findings due to cost constraints could lead to suppression of important negative results, unnecessary duplication of failed approaches, reduced transparency in scientific research, and limited ability to build upon previous work. This would fundamentally undermine the scientific enterprise and waste taxpayer resources through redundant research efforts.

While we acknowledge ethical concerns about paying journals to publish research, we recognize that legitimate costs exist for maintaining the rigorous peer review processes and editorial infrastructure necessary for high-quality scientific publishing. Open access journals, though not charging subscription fees, incur substantial expenses for manuscript processing, quality assurance, and ensuring broad accessibility. The investment in publication costs should be viewed as essential infrastructure for scientific knowledge

dissemination rather than merely a fee for service, particularly given the public benefit derived from research accessibility and the prevention of research duplication.

Compared to the other proposed options, Option 4 offers distinct advantages that align with the realities of modern scientific publishing. Unlike Option 1, which would eliminate all publication cost support, Option 4 recognizes that publication expenses are legitimate research costs essential to NIH's mission of knowledge dissemination. This total prohibition could severely hamper scientific communication and disproportionately impact researchers without substantial institutional support. In contrast to Options 2 and 3, which impose per-publication limits that may be insufficient for many high-quality journals, Option 4 avoids artificial constraints that could create a two-tiered publishing system favoring well-funded institutions. Option 5's combination of both per-publication and total award limits adds unnecessary administrative complexity while retaining the problematic per-publication cap that could restrict access to appropriate publication venues.

For successful implementation, AMIA recommends that NIH provide comprehensive guidance addressing several critical areas. First, the agency should clarify whether researchers can use their publication cost allowance for partial payment of fees when total costs exceed available funds, with investigators or institutions covering the difference. This flexibility would be particularly valuable for high-impact publications that exceed budget constraints. Second, NIH should define "publication costs" comprehensively to include article processing charges, submission fees, formatting requirements, and other direct publishing expenses while excluding manuscript preparation and related research activities. Third, clear criteria and streamlined procedures for requesting exemptions in high-volume publication situations must be established, with reasonable review timelines that do not delay research dissemination.

Additional implementation considerations should address the calculation methodology for multi-year awards, including whether the 0.8% applies to total direct costs over the entire award period or annually, how modifications and supplements affect calculations, and the treatment of carryover funds. NIH should also establish monitoring and evaluation procedures to assess spending patterns under the new policy, evaluate impacts on publication practices, and identify any unintended consequences for specific research communities. Given the January 1, 2026 effective date, clear transition guidance for active awards, training resources for grants management personnel, and consideration of a brief grace period for existing publication commitments would facilitate smooth implementation.

To enhance the policy's long-term effectiveness, AMIA suggests several refinements. The agency should consider periodic inflation adjustments to the $20,000 minimum to maintain the policy's purchasing power over time. Coordination with other federal funding agencies

would ensure consistency in publication cost policies across the research funding landscape, preventing administrative confusion and competitive disadvantages. Clear exemption criteria for high-volume publication situations should emphasize scientific merit and dissemination needs, with streamlined approval processes that recognize the importance of comprehensive research communication.

The proposed policy should also account for the evolving landscape of scientific publishing, including emerging models of open science and data sharing that may require additional dissemination investments. As NIH continues to emphasize the value of shared datasets and other research products in grant review processes, publication cost policies should support rather than hinder these broader transparency and accessibility goals.

AMIA strongly believes that robust scientific dissemination is fundamental to advancing biomedical knowledge and preventing wasteful research duplication. Option 4 best supports these objectives while ensuring responsible stewardship of taxpayer funds through reasonable fiscal boundaries. This approach maintains the flexibility essential for diverse research programs and the multi-faceted dissemination strategies that characterize modern interdisciplinary science, particularly in rapidly evolving fields like medical informatics where research spans computer science, healthcare delivery, and policy domains.

In conclusion, AMIA urges NIH to adopt Option 4 as the most balanced approach to limiting publication costs while preserving research flexibility and scientific integrity. This policy will enhance NIH's fiscal responsibility while continuing to support the comprehensive dissemination of research findings that advances scientific knowledge and improves public health. The medical informatics community stands ready to work with NIH to ensure successful implementation of these important policy changes.

Thank you for your consideration of these comments. AMIA looks forward to continued collaboration with NIH in advancing biomedical informatics research and its translation into improved healthcare outcomes.

Sincerely,

Eileen Koski

Chair of the Public Policy Committee