

**American Geriatrics Society Response – National Institutes of Health Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs**  
**Submitted September 15, 2025**

The American Geriatrics Society (AGS) submitted these comments in response to the National Institutes of Health (NIH) [Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs](#) released after its July 8, 2025 [announcement](#) that NIH will establish new policies for allowable publication costs.

## **1. Proposed policy options**

**NIH seeks input on the option, or other option not considered in the Request for Information, that best achieves the goal of balancing flexibility in providing research results with maximizing the use of taxpayer funds to support research.**

The American Geriatrics Society (AGS) greatly appreciates the opportunity to respond to the National Institutes of Health (NIH) Request for Information on Maximizing Research Funds by Limiting Allowable Publishing Costs. The mission of AGS, a not-for-profit organization, is to improve the health, independence, and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS advocates for public policy that promotes the health and independence of older Americans, with the goal of improving health, quality of life, and healthcare systems serving us all as we age.

The AGS publishes the *Journal of the American Geriatrics Society* (JAGS) as a hybrid journal which derives income from subscriptions, transformative agreements negotiated by our publishing partner Wiley, and fees paid to publish articles open access. We believe that dissemination of research through scientific publication is a fundamental component of research and are concerned that the NIH is proposing policies that cap costs of publication — which currently account for less than 1% of direct costs in NIH grants<sup>1</sup> — without considering that communication about research is a fundamental element of conducting research. As a journal, JAGS publishes research, policy, education, and other articles that are focused on improving clinical care for all of us as we age. Since January 2024, AGS has published 335 articles related to investigations conducted with NIH funding accounting for 37% and 34% of all published JAGS articles in 2024 and 2025, respectively. Although we do not track specific Institutes, we are confident that the majority of NIH papers published in JAGS were supported by grants from the National Institute on Aging (NIA).

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<sup>1</sup> Anderson K. NIH poised to regulate APCs. The Geyser. Published July 31, 2025. Accessed September 15, 2025. <https://www.the-geyser.com/nih-poised-to-regulate-apcs/>

With its special focus on disseminating research that advances the health and well-being of older adults, *JAGS* is an important part of a broader ecosystem of high-quality, peer-reviewed journals that provide an essential service to the American public because of the rigor with which the editors approach peer review of articles. The robust peer review of submissions that *JAGS* and other journals provide means that we are publishing gold standard science that contributes to improving healthcare for all of us as we age. Publication of research findings is a critical component of the research enterprise and NIH benefits from the contributions that journals make to disseminating the knowledge gained from the scientific investigations that it supports. We believe that our collective ability to advance the most promising innovations benefits from *JAGS* and other journals' robust peer review. This peer review validates scientific findings by providing an independent expert assessment of data and its relevance to clinical care. Further, peer-reviewed journals provide an important service to investigators with their careful attention to the clarity of communication about findings with a particular focus on ensuring that these are not overstated.

We encourage NIH to consider the potential negative impacts of the approaches it has proposed on the ecosystem for sharing and then building on the care of older adults. Examples of such impacts include:

- **Lessening of Visibility for NIH Science:** There is emerging research that open access articles generally have higher citations than articles with restricted access, and high Altmetric scores (which includes lay press and social media citations).<sup>2,3</sup> Placing caps on publication costs could be particularly harmful to Early-Stage Investigators (ESI) who are trying to make a name for themselves by making their research as broadly accessibly and disseminated as possible.
- **Decreased Publication of Data on Special Populations:** The science that is funded by NIH produces rich datasets and initial publications are focused on the primary endpoints of the research. Simply put, it is impossible to cover the rich data that is produced in a single article; therefore, it is critically important that NIH ensures that it provides sufficient support for multiple articles to be published. This is particularly important for research involving special populations, including older adults. The NIH is mandated by the Public Health Service Act to ensure women and minority populations are enrolled in studies—including subpopulations of the underrepresented groups<sup>4</sup>—and requires NIH-funded studies to report on the sex/gender and racial/ethnic composition of the study population.<sup>5</sup> Furthermore, the *Inclusion Across the Lifespan* policy ensures that individuals of all ages, including older adults, are included in clinical research and requires that participants' ages

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<sup>2</sup> Piwowar H, Priem J, Larivière V, et al. The state of OA: a large-scale analysis of the prevalence and impact of Open Access articles. *PeerJ*. 2018;6(e4375):1-23. doi:[10.7717/peerj.4375](https://doi.org/10.7717/peerj.4375)

<sup>3</sup> Clayson PE, Baldwin SA, Larson MJ. The open access advantage for studies of human electrophysiology: impact on citations and Altmetrics. *Int J Psychophysiol*. 2021;164:103-111. doi:[10.1016/j.ijpsycho.2021.03.006](https://doi.org/10.1016/j.ijpsycho.2021.03.006)

<sup>4</sup> 42 USC. § 289a-2

<sup>5</sup> Inclusion of Women and Members of Racial and/or Ethnic Minority Groups in Clinical Research. Updated July 18, 2025. Accessed September 9, 2025. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/women-and-minorities>

are collected in progress reports.<sup>6</sup> We are concerned that the proposals NIH is considering will ultimately result in research supported by public funds not being reported to the public as there will be insufficient funds to support reporting of all data from all studies. Unfortunately, when evidence is not shared, we miss opportunities to learn from and build upon prior work in ways that lead to optimization of health and resilience and avoid suffering.

- Early- and Mid-Stage Investigators: NIH has identified nurturing and supporting the next generation of investigators as a high priority for the Institutes. We encourage NIH to consider how policies it puts into place that limit costs of publication would impact early- and mid-stage investigators. Unlike more senior investigators, early- and mid-career scientists would not be able to support publication costs using other sources of funding. Further, publication is a significant part of how someone advances in their scientific career and limitations on funding and/or capping the number of articles could have an unintended negative impact on ESI as it could limit their ability to publish their research. NIH runs the risk of further exacerbating the already existing gap between under-resourced institutions and well-resourced institutions in the scientific ecosystem. This would be contrary to the NIH emphasis on ensuring that it is distributing funds in a way that broadens the distribution of its funding to include a broader swath of institutions.
- Scientific Ecosystem and Importance of Publishing: Advancing and building knowledge requires a robust infrastructure for sharing what we have learned with other investigators and the public. This allows the scientific community to learn from others; sparks new ideas for avenues of inquiry; creates opportunities for collaboration; and advances science that supports all of us to live healthier lives. The existing worldwide network of peer-reviewed journals is critical to ensuring that we are investing in science that builds upon prior work and that has been vetted and enhanced by the high-quality peer-review process that we foster.
- Publication Costs: In addition to the typical publication costs that one might think of related to journal publishing (e.g., editing, author support, printing, maintenance of a website), together with our publishing partners, we have invested in: robust editorial support, strengthening editorial oversight, new technology that supports robust peer review, research integrity, data management, and greater accessibility for our journal through a focus on online delivery, data management, archiving, editorial support to authors, and career development for the next generation of journal editors. Those investments that have come as journal royalties are shrinking. In summary, there is a cost to publishing and we encourage NIH to consider how the policies it is proposing will impact this vital network for disseminating and supporting federally funded research.
- Clinical Practice Guidelines and Recommendations: The NIH plays a critical role in the delivery and improvement of health care in the United States and around the world. NIH

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<sup>6</sup> Inclusion Across the Lifespan in Human Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed September 9, 2025. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

funding supports scientific innovation that improves health outcomes across the United States, including clinical trials and the development of new treatment techniques and therapies. AGS has the most experience with the NIA which, through its intramural and extramural programs,<sup>7,8</sup> has informed our understanding of the complex interplay of many factors across our lifespan that together are the drivers of age and age-related diseases. Further, NIA has advanced multiprofessional collaborations that have improved the health and well-being of all of us as we age and impacted how we care for older people across settings. None of these advances would have been possible without publication in the robust network of peer-reviewed scientific journals that serve as both a way to validate scientific findings (through peer review) and disseminate those findings. Specifically, guidelines and recommendations produced by AGS and other societies, rely on publication of research in peer-reviewed scientific literature for the evidence base that informs our creation of clinical recommendations that are focused on improving our collective health and well-being as we age. The evidence being produced by NIH-funded researchers is helping to reduce declines in function and susceptibility to disease or frailty and delaying the onset of costly age-related diseases. As the United States population rapidly ages, access to innovative and appropriate care techniques for medically complex older adults informed by robust evidence is imperative to maintaining health and quality of life for all of us as we age. That access comes via publication of research, and we are concerned that limitations on publication costs will mean that important findings from NIH-funded research will not be published.

As with any ecosystem, there are unintended consequences that can come about when changes are made to one element of the system without consideration of the impact of those changes across the ecosystem. In this instance, we believe that the options the NIH is considering have the potential to weaken our collective capacity to communicate about science in a way that drives science forward and maintains the United States as the premier driver of innovation, discovery, and gold standard science.

## **2. Available evidence related to publication costs and proposed options**

**NIH seeks any evidence (either from your own work or other publicly available sources) that can be publicly shared that addresses the considerations of one or more of the options.**

AGS recognizes that journal publishing is in a period of seismic change as the revenue that supports publication of scientific journals shifts from revenue that is derived primarily from the consumers of journals (e.g., libraries, individuals) to revenue that is derived primarily from authors through payment of open access fees. At the same time, the advent of transformative agreements has created innovative partnerships between universities and major publishers that have included waiving of fees for authors to publish in journals covered by these agreements with immediate

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<sup>7</sup> Kelley A, Addie S, Carrington-Lawrence S, et al. National Institute on Aging's 50th anniversary: advancing aging research and the health and well-being of older adults. *J Am Geriatr Soc.* 2024; 72(5): 1574-1582. doi:[10.1111/jgs.18837](https://doi.org/10.1111/jgs.18837)

<sup>8</sup> Kuchel GA, Smith AK, eds. Celebrating the 50th anniversary of the National Institute on Aging. *J Am Geriatr Soc.* 2024;72(5,special collection):1313-1642.

open access for the published articles from faculty at those institutions. We encourage the NIH to delay implementation of any of its proposed policies and take the time to consider how it can accelerate transformative agreements through its funding. Specifically, NIH should explore and consider incentives and transformative agreements that would further spur innovation without endangering the viability of the publishing infrastructure that is critical to disseminating the findings of NIH research. NIH is uniquely positioned to lead discussions of how best to advance its priority of ensuring *JAGS* and other journals provide peer review of research findings, a critical step in ensuring that the science that is published is truly gold standard science and will lead to improvements in clinical care for all of us as we age.

AGS is a not-for-profit organization, and our mission is to improve the health, well-being, and quality of life for all of us as we age. In 2024 and 2025 to date, AGS has published 930 articles in *JAGS*. Revenue from *JAGS* is critical to our efforts to advance this mission with approximately 90% of our AGS budget going to support our programs. Here, we highlight two of our strategic priorities that reflect our commitment to disseminating research, including research funded by NIH:

1. Expanding the geriatrics knowledge base by disseminating basic, clinical, and health services research focused on the health of all older people.
2. Creating awareness about the ways geriatrics can support older people remaining active, independent, and engaged in our communities.

Expanding the Geriatrics Knowledge Base: An unintended consequence of limitations on supporting publication costs is that journals and societies like *JAGS* and AGS may no longer have the financial means to support the contributions we make to supporting dissemination of NIH work to the public and the pipeline of ESI coming into the field. One example of how societies support NIH at no cost to the NIH is a recent issue of *JAGS* celebrating the many achievements of NIA ([Celebrating the 50th Anniversary of the National Institute on Aging](#)). Another is AGS' support for annual publication of an abstract supplement focused on research presented at the AGS Annual Scientific Meeting. Typically, NIA-supported researchers account for 20% of abstract presentations at our meeting and their abstracts are published in a supplement to *JAGS*. The supplement is an important way in which we disseminate NIA-funded research that is being presented at our meeting more widely.

Supporting Early Stage Investigators and Creating Public Awareness: AGS, like many specialty societies, has established the [AGS Health in Aging Foundation](#) (HiAF) with the goal of disseminating geriatrics knowledge to the public. The HiAF supports trainees and geriatrics health professionals to present their research at the AGS Annual Scientific Meeting. Presenters supported through the Foundation include Beeson Scholars, Medical Student Training in Aging Research (MSTAR) students, and Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) scholars. HiAF support means that they can disseminate their NIA-funded research to AGS meeting attendees and AGS members via the *JAGS* abstract supplement (discussed above). In addition, [HealthinAging.org](#), the HiAF public education portal, provides older adults and caregivers with up-to-date information on health and aging as well as access to a network of geriatrics healthcare professionals.

A second unintended consequence of limitations on publication costs for NIH investigators is the potential loss of programs that support investigators and that are offered by medical, nursing, and other health professional societies. A few examples of the types of programs that AGS offers that benefit and support the next generation of investigators, include:

- Tideswell Emerging Leaders in Aging Program: In partnership with Tideswell at the University of California San Francisco (UCSF) and the Association of Directors of Geriatrics Academic Programs (ADGAP) on a National Leadership Development Program, the program is designed for emerging leaders in the field of aging. We recognize that, to meet the current and future needs of our society, we require skilled, dedicated, and passionate leaders who are prepared to lead tidal change in aging. Together, we have designed a hands-on, practical program for emerging leaders in aging. We have focused on augmenting and leveraging existing leadership skills relevant to clinical, research, policy, and education. Ideal candidates will be those seeking to transform the field and lead the next generation of health professionals in improving care for older adults. Participants will have an opportunity to perfect their abilities in strategic planning, self-management, influential communication, and results-based management.
- Leadership and Life Skills Curriculum: Available exclusively to AGS Fellows-in-Training and Early Career Professional members, this program is a virtual course designed to help develop a broad range of practical leadership and life skills to help advance careers, teams, and organizations. The online curriculum provides a broad range of practical leadership, life, and career-related knowledge and skills to fellows and early career health professionals. Through a supportive online learning community of faculty and fellows from programs across the country, participants complete a leadership self-analysis, understand and practice teaching skills, build a set of tools to combat burnout, practice effective communication and negotiation skills, learn and apply emotional intelligence, and more.
- JAGS Junior Reviewer Program: This 2-year program is for early-stage faculty (Instructor, Assistant Professor) who devote at least 25% effort to research and/or education in an aging-related field, to participate in the journal review process. The program is designed to meet 3 objectives: 1) bring new, fresh voices into the JAGS review process; 2) train high quality reviewers; and 3) build a community of aging scholars.
- Virtual Mentor Match Program: Launched in 2020, the program serves the needs of mentees while making it as easy as possible for mentors to participate as well. Available 24/7 via the AGS Member Forum, the mentoring program helps ESI to identify a mentor based on goals, needs, and preferences. The program was developed with flexibility in mind, allowing for mentors and mentees to specify the type of mentor relationship they wish to have (whether a one-time consultation, a longitudinal relationship, or something in between) as well as the ability to opt into and out of the program as needs arise.
- Junior Faculty Research Career Development Special Interest Group (SIG): To facilitate and foster research career development for junior faculty members, fellows, and students, the SIG discusses research interests, academic career development, career choices, job opportunities, and a range of other topics pertinent to junior faculty development.

- AGS Special Interest Groups: SIGs are grassroots, member-led communities focused on specific areas and topics of interest regarding care for all of us as we age. They provide a forum for members to network, discuss common concerns, share successes, and identify potential collaborations.

We are concerned that the proposed limitations on publications will mean that we will need to cut back or eliminate these and other programs due to shortfalls in revenue, diminishing the support that is provided to ESI who are just embarking on their careers and who are a part of the pipeline that NIH seeks to nurture.

We are also concerned that setting fixed fee limitations on publications rather than one that adjust to inflation and other market trends would see them degrade in value over time as journals raise access fees to keep pace with publication costs and, not-for-profits like AGS, seek to ensure that we are generating sufficient revenue to support other activities that advance our scientific knowledge. We are concerned that, over time, researchers and institutions could end up bearing the cost for the difference between the NIH limit and the actual publication fees, meaning the policy change could have little impact on reducing the overall cost of disseminating research.

The considerations we raise here provide examples of ways in which societies and journals support NIH and the investigators that it funds at no cost to NIH. We are able to do so because of the revenue that we generate from our programs and products, including our journals. We urge NIH to factor into its analysis how reductions in funding might result in a corresponding reduction in the very programs that support the pipeline of ESI and the dissemination of research.

### 3. Peer review compensation

**NIH is interested in hearing ideas about factors related to paying for peer review. Specifically, NIH invites input on factors that NIH should consider in determining whether peer reviewers are appropriately compensated.**

We are deeply concerned about unintended consequences of incentivizing monetary compensation for peer review, particularly for ESI. Currently, monetary compensation for peer reviewers is relatively rare.<sup>9</sup> In a recent experiment, *Critical Care Medicine* found no change in review quality and a slight increase in speed of reviews,<sup>10</sup> suggesting that paying peer reviewers does not have a sufficient return on investment for journals seeking to improve how they support authors.

More importantly, serving as a peer reviewer is an integral part of ESI training as they learn how to review and critique evidence and how to convey their critiques succinctly to authors from more senior peer reviewers and editors at journals. Further, they gain important collaboration skills from journal senior editors. In many ways, serving as a journal peer reviewer is an important step in the

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<sup>9</sup> Cheah PY, Piasecki J. Should peer reviewers be paid to review academic papers? *Lancet*. 2022;399(10335):1601. doi:[10.1016/S0140-6736\(21\)02804-X](https://doi.org/10.1016/S0140-6736(21)02804-X)

<sup>10</sup> Cotton CS, Alam A, Tosta S, Buchman TG, Maslove DM. Effect of monetary incentives on peer review acceptance and completion: a quasi-randomized interventional trial. *Crit Care Med*. 2025;53(6):e1181-e1189. doi:[10.1097/CCM.0000000000006637](https://doi.org/10.1097/CCM.0000000000006637)



ESI journey, preparing them to serve as members of study sections, councils, and to take on increasingly responsible roles as they move to be independently funded investigators. Our concern would be that implementing incentives for paid peer review will lessen opportunities for ESI as journals will look for people with more experience in serving as peer reviewers in order to accomplish the twin goals of improving quality and speeding up review. NIH should consider all aspects of how peer review, serving on study sections, and other forms of service help ESI to advance in their careers before implementing any policy that is inclusive of a focus on incentivizing paid peer review.

#### **4. Publishing best practices**

**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.**

None.

#### **5. Other Comments**

**NIH welcomes input on any aspect of the RFI.**

None.