Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself such time as I may consume.

The current religious exemption from ACA mirrors other religious exemptions used in the Internal Revenue Code. The EACH Act provides that anyone who ''is a member of a religious sect that relies solely on religious methods of healing and for whom medical care is inconsistent with religious beliefs'' can claim a religious exemption from the individual mandate requirement.

As a step to maintain a narrowly defined religious exemption and meet concerns, this legislation is written more precisely than the previous bill that passed unanimously in this House.

Mr. Speaker, I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. RODNEY DAVIS), the author of the EACH Act.

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank Chairman RYAN for his leadership on this issue. I really appreciate the Committee on Ways and Means allowing me, a noncommittee member, to be able to take this important piece of legislation to the floor today.

Today this Congress has an opportunity to work in a bipartisan way to promote religious liberty and, frankly, Mr. Speaker, fairness. H.R. 2061, the EACH Act, does this by modestly expanding the religious conscience exemption under the Affordable Care Act to include individuals like Christian Scientists, who rely solely on religious methods of healing.

The existing religious conscience exemption under the Affordable Care Act exclusively applies, as Chairman RYAN said, to a few certain sects of faith. As a result, many Americans—as I mentioned before, the Christian Scientists—are required to purchase medical health insurance that does not cover the health care of their religious practice or choice. Alternatively, they are forced to pay tax penalties for not purchasing such insurance.

A similar version of the EACH Act passed this House unanimously under the suspension of the rules during the last Congress. In order to improve the bill, as Mr. LEVIN, my colleague stated, modest changes to this bill's language were made, with input from the Department of Treasury, the Department of Health and Human Services, and other key stakeholders.

Under this bill's new language, applicants must annually attest to the exchange that they are a member of a religious group, that they rely solely on a religious method of healing, and that they have not received medical health services during the preceding taxable year.

Additionally, with the help of input from the American Academy of Pediatrics, the bill now makes it clear that the legislation does not preempt any State laws requiring the provision of medical treatment for children. Further, if a parent needs to provide necessary medical services to a child, doing so would not invalidate the individual's exemption.

The EACH Act is truly an example of bipartisan legislation with input from stakeholders to make it better. As of today, it has more than 100 Republican and more than 60 Democratic cosponsors.

I am particularly proud to have worked with my friend and colleague, Mr. KEATING, on moving this legislation forward. He knows this issue well. His home State of Massachusetts established a similar religious conscience exemption in State law, and it is working just as planned.

Mr. Speaker, I also represent Principia College in Elsah, Illinois. It is a college for Christian Scientists. I am proud to stand up and promote their religious liberty and that of many others in this great Nation.

I urge a ''yes'' vote.

□ 1615

Mr. LEVIN. Mr. Speaker, I yield back the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I think Mr. DAVIS captured it quite well.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, H.R. 2061, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ENSURING ACCESS TO CLINICAL TRIALS ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (S. 139) to permanently allow an exclusion under the Supplemental Security Income program and the Medicaid program for compensation provided to individuals who participate in clinical trials for rare diseases or conditions.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 139

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Ensuring Access to Clinical Trials Act of 2015''.

SEC. 2. ELIMINATION OF SUNSET PROVISION.

Effective as if included in the enactment of the Improving Access to Clinical Trials Act of 2009 (Public Law 111–255, 124 Stat. 2640), section 3 of that Act is amended by striking subsection (e).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Texas (Mr. DOGGETT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 139, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of S. 139, the Ensuring Access to Clinical Trials Act.

The National Institutes of Health says that there are 7,000 rare diseases affecting people in the United States, and if we are going to find cures for those diseases, the first thing we need to do is to get people to participate in clinical trials. All too often, researchers cannot find enough participants because so few people have these diseases in the first place.

Now—no surprise here—the government used to make it more difficult for researchers to find people. Say you had a rare disease and you were on public assistance, like SSI or Medicaid. If you got compensated for participating in one of these trials, you got smaller benefits. That is why, in 2010, we passed the Improving Access to Clinical Trials Act.

For the past 5 years, this law has allowed people to collect up to $2,000 per year by participating in rare-disease clinical trials without threat of losing their SSI or Medicaid benefits. The GAO says the law is working. Ever since we passed this law, more people on SSI have been participating in clinical trials as a result of it.

The problem is this law expires next week, on October 5, so this bill would simply extend current law. That way, more people can participate in clinical trials without any reason to worry or without any threat to a loss of their benefits, and that way, we will continue to make strides in fighting these diseases. CBO tells us this bill will cost virtually nothing.

My friends, Senator HATCH and Senator WYDEN, introduced this bill in the Senate. It passed the Senate by unanimous consent. In the House, my colleagues Mr. DOGGETT and Mr. MARINO from Pennsylvania have introduced it along with 50 other cosponsors.

I will include in the RECORD a letter listing the many supporters of this legislation. It is a list of over 70 organizations, including the Cystic Fibrosis Foundation, the Muscular Dystrophy Association, and the Huntington's Disease Society of America, just to name a few.

SEPTEMBER 22, 2015.

Hon. PAUL D. RYAN,
Chairman, Committee on Ways and Means, House of Representatives, Washington, DC.
Hon. SANDER M. LEVIN,
Ranking Member, Committee on Ways and Means, House of Representatives, Washington, DC.
Hon. CHARLES BOUSTANY, Jr.,
Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives, Washington, DC.
Hon. LLOYD DOGGETT,
Ranking Member, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives, Washington, DC.

DEAR CHAIRMEN RYAN AND BOUSTANY AND RANKING MEMBERS LEVIN AND DOGGETT: The undersigned organizations, representing millions of Americans with rare and genetic diseases, advocates, industry, and academic institutions, write to express strong support for H.R. 209/S. 139, the Ensuring Access to Clinical Trials Act of 2015. This legislation will permanently remove a barrier to clinical research and allow Supplemental Security Income (SSI) and Medicaid recipients to participate in and benefit from clinical trials without fear of losing vital benefits.

The Ensuring Access to Clinical Trials Act of 2015 eliminates the sunset clause from the Improving Access to Clinical Trials Act of 2009 (IACT), legislation signed into law in 2010, making the IACT a permanent law. This will allow patients with rare diseases to continue to receive up to $2,000 in compensation for participating in clinical trials without that compensation counting towards their income eligibility limits for SSI and Medicaid.

Removing barriers to drug trial participation is particularly important as recent advances in medical research and technology allow for the development of new and promising medications. Securing an adequate number of clinical trial participants is vital for therapies that treat rare conditions, but rare disease researchers in particular often have difficulty recruiting drug trial participants, simply because they have a smaller pool of patients.

Further, with the advent of precision medicine, therapies are being customized to treat a patient's specific genetic makeup. These types of trials often require clinical trial participants bearing specific genetic mutations, which necessarily creates an even more complex and exclusive clinical trial recruitment process. Ensuring that all patients with rare diseases are able to participate in clinical trials can help open the door for the advancement of new targeted therapies in many important areas of medicine, including cancer and rare diseases like cystic fibrosis.

Now is the time to ensure that all patients have access to clinical trials for potentially life-saving treatments. We look forward to working with you to secure passage of this bill to enable Social Security beneficiaries to participate in clinical trials so that research into life-saving treatments may continue to advance.

Sincerely,

Actavis
Adult CF Program—Northwestern University
Adult Polyglucosan Body Disease Research Foundation APBDRF
Alpha-1 Foundation
ALS Association
American Association for Respiratory Care (AARC)
American Autoimmune Related Diseases Association (AARDA)
Amyloidosis Support Groups Inc.
Ann & Robert H. Lurie Children's Hospital of Chicago
Antonio J. and Janet Palumbo Cystic Fibrosis Center, Pediatric and Adult Program, Children's Hospital of Pittsburgh UPMC
Association of Clinical Research Organizations (ACRO)
Association of Gastrointestinal Motility Disorders, Inc. (AGMD)
Batten Disease Support and Research Association
Biotechnology Industry Organization (BIO)
CADASIL Association Inc.
Cardio-Facio-Cutaneous International
CARES Foundation, Inc. (Congenital Adrenal hyperplasia Research, Education and Support Foundation)
CF Care Center at Dayton Children's Hospital
Congenital Hyperinsulinism International (CHI)
COPD Foundation
Cure CMD
Cure SMA
Cystic Fibrosis Foundation
Cystinosis Foundation
Debra of America
FasterCures
First Focus
Foundation Fighting Blindness
Foundation for Prader-Willi Research
Foundation to Eradicate Duchenne
Friedreich's Ataxia Research Alliance (FARA)
Genetic Alliance
Hide & Seek Foundation for Lysosomal Disease Research
Huntington's Disease Society of America
International Fibrodysplasia Ossificans Progressiva Association (IFOPA)
Indiana University School of Medicine, CF Care Center
International Society of Nurses in Genetics (ISONG)
Lymphangiomatosis & Gorham's Disease Alliance
Lymphedema Advocacy Group
Maine Medical Center CF Program
M-CM Network
MEBO Research, Inc.
Medical College of Wisconsin, Milwaukee Cystic Fibrosis Care Center
MitoAction
MLD Foundation
Moebius Syndrome Foundation
Muscular Dystrophy Association
Myotonic Dystrophy Foundation
National Gaucher Foundation, Inc.
National MPS Society
National Organization for Albinism and Hypopigmentation (NOAH)
National Organization for Rare Disorders (NORD)
National PKU Alliance
National Spasmodic Torticollis Association
Parent Project Muscular Dystrophy (PPMD)
Parents and Researchers Interested in Smith-Magenis Syndrome (PRISMS)
Progeria Research Foundation
ProMedica Toledo Children's Hospital
PXE International
Research! America
Rett Syndrome Research Trust
Stanley Manne Children's Research Institute
Tarlov Cyst Disease Foundation
The Children's Hospital of Philadelphia
The Detroit Medical Reserve Corps
The Massachusetts Medical Society
The National Alopecia Areata Foundation (NAAF)
The State University of New York School of Medicine and Biomedical Sciences
Trimethylaminuria Foundation
Tuberous Sclerosis Alliance
University of Michigan Health System, Cystic Fibrosis Center
University of Pennsylvania Health System, Cystic Fibrosis Center
University of Washington, Cystic Fibrosis Care Center
Vertex Pharmaceuticals
Virginia Commonwealth University Health System, Adult Cystic Fibrosis Program
Wilson Disease Association

Mr. RYAN of Wisconsin. This is common sense, and I urge my colleagues to adopt this.

There is one more point I would like to make. Nick Gwyn, the minority staff director of the Human Resources Subcommittee on Ways and Means, is retiring.

I would like to take a minute to recognize Nick Gwyn for his work on this issue. He is leaving the staff of Ways and Means after serving on the committee since 1998. This should be the last of many bills that he has helped our colleagues manage on the floor.

During his time staffing the committee, Nick has worked on numerous laws related to welfare, disability, and unemployment policy. He also worked closely with our staff to create bipartisan child welfare laws that found more loving families for children in need.

We wish Nick well in the next stage of his career, and we thank him for his service to the committee, the House, and the country.

Mr. Speaker, I reserve the balance of my time.

Mr. DOGGETT. Mr. Speaker, I also wanted to honor Mr. Gwyn, and this is a good opportunity for us to do that.

I yield such time as he may consume to the gentleman from Michigan (Mr. LEVIN), the ranking Democrat on the committee.

Mr. LEVIN. Mr. DOGGETT and I will say a few words, when many, many are in order.

Nick Gwyn has been, as our chairman said, a more than valuable member of this staff and a more than dedicated member of this staff. He has been invaluable. His dedication has been endless.

Nick is leaving to pursue family and other needs. He knows he is going to leave us in need, in terms of his immense talents. His dedication to the subject matter that is, by definition, so directly involved with people is really beyond estimation.

The subcommittee's work deals, as I said, with the everyday challenges that so many of the citizens in this country face day in and day out. It was only a few days ago that we heard from Pope Francis how important it is for this institution to focus on the individual needs of people, including those who are poor, some with handicaps, but everybody who is in need of a hand up, really, as much, if not more than, a helping hand. And Nick has devoted over a dozen years to this very purpose.

So, if I might say so, we have worked together with Nick, and we just want to thank him for more than a job well done. We have been very proud to serve with him.

Mr. DOGGETT. I yield myself such time as I may consume.

I will just add, Nick, that I know you have spent some 25 years here on the

Hill, 17 with our committee. Though I benefited from your good counsel before becoming the ranking Democrat on the Human Resources Subcommittee, I particularly appreciated your good counsel during the last 3 years, whether it was working on child abuse and our successful work with former Chair Dave Camp and getting a national commission or dealing with problems of the unemployed.

Just overall, the jurisdiction of our subcommittee is about children, children in need. Whether they are under this SSI program or child abuse or child care, they are children who should be able to rely on the Temporary Assistance for Needy Family program for their needs.

Nick has been an able advocate for children and someone who did work well, as Chairman RYAN said, with all members of our committee to advance these purposes. We wish him well in his new endeavors, and we thank him for his service.

Mr. Speaker, if I might talk just a little bit about the Ensuring Access to Clinical Trials Act, it is about getting new treatments quickly into the lives of patients that are suffering from dread diseases across America, reauthorizing existing law.

Senator RON WYDEN led this effort successfully in the Senate with Senator HATCH. And here, my colleagues, Mr. MARINO and Mr. JIM MCGOVERN, cochairs of the Cystic Fibrosis Caucus, joined with me in the introduction of this legislation in the House.

The National Organization for Rare Disorders, and over 75 other organizations, has been a strong supporter of this legislation, and I thank them for their work on behalf of the legislation.

This bill makes permanent a law that is due to expire that will allow for individuals with certain debilitating conditions to exempt a small amount of their income gained from participating in medical trials from Supplemental Security Income, or SSI, and for Medicaid eligibility determination.

This exemption removes an important barrier to participating in clinical trials. If it is allowed to expire, patients contributing to vital research could face the difficult decision of either dropping out of the trials altogether or losing their benefits.

If you have ever met with someone with cystic fibrosis or someone in your family has it, you recognize how small the daily challenges that you face are compared to theirs.

I think of Nicole Flores in Austin, who has two children battling with rare diseases. She explained that patients shouldn't have to worry about losing assistance when they are just working hard to stay alive.

Over the past several months, I have heard from a number of families affected by rare diseases. These are parents who shared with me how far-reaching the modest relief this bill provides can provide for a number of people.

One couple recently sent me a picture of their 15-year-old son Mac Rung, who was diagnosed with cystic fibrosis at birth. Every morning and every evening, Mac undergoes chest therapy in order to clear his lungs and to avoid serious damage to help him get through the day. He takes medications with every meal to help him absorb his food and gain weight. He is battling a disease that many Americans have never heard of at an age where he shouldn't have to worry about anything other than school. And because this disease is progressive, they are really working against the clock.

Because of the approval of two new drugs, they told me that they never have had as much hope for Mac and his future as they do today. And while they are not a family that themselves rely on the bill that we have today before us, as Chairman RYAN indicated, they, and anyone with these rare diseases, stand to benefit if we have widespread participation in clinical trials on the approval of other new promising drugs like the ones that are already helping Mac.

Financially penalizing vulnerable people for participating in research does nothing to advance that research. The National Institutes of Health—NIH, as we know it—estimates that 25 million Americans are suffering because of rare disease.

I hope now that today, the House will join the Senate in approving the Ensuring Access to Clinical Trials Act and that we continue this important effort to support patients across the country.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of H.R. 209, the Ensuring Access to Clinical Trials Act, legislation that I have cosponsored.

We must continue to ensure barriers do not stall patients from participating in rare disease clinical trials. This bill will continue to encourage rare disease patients, even those receiving Social Security Income or Medicaid benefits, to participate in clinical trials without jeopardizing their eligibility for those benefits. All patients should have access to these important and often life-saving trials that will advance medical research and work towards improving their health.

The Senate has taken the important step to pass this legislation, and I encourage my colleagues to advance this commonsense, bipartisan initiative and send it to the President's desk for his signature. I thank the chairman and all those involved in the House for their work on this.

Mr. DOGGETT. Mr. Speaker, I thank Chairman RYAN as well as Chairman UPTON and Ranking Member FRANK PALLONE, who marked up this bill, and urge bipartisan approval of it.

I yield back the balance of my time.

Mr. RYAN of Wisconsin. I also urge our colleagues to support this bill.

I yield back the balance of my time.

Mr. BOUSTANY. Mr. Speaker, I am pleased to support S. 139, the Ensuring Access to Clinical Trials Act of 2015. This bill will ensure current Supplemental Security Income (SSI) and Medicaid recipients can maintain those benefits while participating in clinical trials. Keeping their benefits will help them, but as a doctor I know that their participation in such trials stands to benefit countless others as well who suffer from rare conditions, both in the U.S. and abroad. We should ensure that public policy encourages that whenever we can, and that's what this bill does.

Under current law, the Social Security Administration excludes up to $2,000 annually in compensation received by individuals participating in rare disease clinical trials when determining their SSI and Medicaid eligibility and benefits. But this provision, put in place by bipartisan legislation in 2010, is set to expire on October 5, 2015. After that date, all payments for participating in such clinical trials would be counted as income for SSI and Medicaid recipients, reducing or even ending their eligibility for those benefits.

A number of people with rare diseases like Cystic Fibrosis receive SSI benefits. If this policy is not made permanent, an individual participating in a clinical trial for a new treatment for Cystic Fibrosis could see a reduction or even the complete elimination of those important benefits.

The reality is, most simply won't take that risk, and will avoid participating in such trials. As GAO found in a 2014 report, ''some stakeholders noted that compensation decreased participation in clinical trials in the past because individuals were concerned about its impact on their SSI eligibility and benefits.'' On the other hand, ''financial incentives to participate in clinical trials have generally been found to encourage participation in trials. This is likely because of the time, inconvenience, and expense that may be involved.''

Ultimately, not continuing this policy could actually prevent clinical trials from occurring, since it would restrict the already small number of people able to participate in the trial in the first place.

That's why the passage of S. 139 is so important, as it will remove the sunset date for current law—October 5, 2015. Failing to do so would force individuals to once again choose between maintaining their current health and disability benefits and the chance to participate in a clinical trial that could improve or even cure their condition, as well as help others like them in the future.

This bill is simple and consistent with current SSI program exemptions. S. 139 strikes the October 5, 2015 sunset date on current policy, permitting SSI and Medicaid recipients with rare diseases to participate in such trials that help to advance research into finding cures. The Congressional Budget Office estimates that S. 139 will result in insignificant costs to the Federal government over the next 10 years, meaning no offset for this legislation is required.

But its true value to people with rare diseases—and those who in the future might benefit by their participation in clinical trials permitted under this legislation—could be enormous. Let's pass this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, S. 139.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1630

HIGHER EDUCATION EXTENSION ACT OF 2015

Mr. BISHOP of Michigan. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3594) to extend temporarily the Federal Perkins Loan program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3594

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Higher Education Extension Act of 2015''.

SEC. 2. EXTENSION OF NATIONAL ADVISORY COMMITTEE ON INSTITUTIONAL QUALITY AND INTEGRITY.

Section 114(f) of the Higher Education Act of 1965 (20 U.S.C. 1011c(f)) is amended by striking ''2015'' and inserting ''2016''.

SEC. 3. EXTENSION OF FEDERAL PERKINS LOAN PROGRAM.

(a) AUTHORITY TO MAKE LOANS.—Section 461 of the Higher Education Act of 1965 (20 U.S.C. 1087aa) is amended—

(1) by amending subsection (b) to read as follows:

''(b) AUTHORITY TO MAKE LOANS.—

''(1) IN GENERAL.—With respect to any student who is not described in paragraph (2), an institution of higher education may make loans under this part to such a student until September 30, 2016, from the student loan fund established under this part by the institution.

''(2) ADDITIONAL LOANS FOR CERTAIN STUDENTS.—With respect to any student who has received a loan made under this part for an academic year ending prior to October 1, 2016, an institution of higher education that has most recently made such a loan to the student for an academic program at such institution may continue making loans under this part through March 31, 2018, from the student loan fund established under this part by the institution to enable the student to continue or complete such academic program, but only if the institution has awarded all Federal Direct Stafford Loans for which such student is eligible.

''(3) PROHIBITION ON ADDITIONAL APPROPRIATIONS.—No funds are authorized to be appropriated under this Act or any other Act to carry out the functions described in paragraphs (1) and (2) for any fiscal year following fiscal year 2015.''; and

(2) by striking subsection (c).

(b) DISTRIBUTION OF ASSETS FROM STUDENT LOAN FUNDS.—Section 466 of the Higher Education Act of 1965 (20 U.S.C. 1087ff) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''After September 30, 2003, and not later than March 31, 2004'' and inserting ''Beginning October 1, 2016''; and

(B) in paragraph (1), by striking ''2003'' and inserting ''2016''; and

(2) in subsection (b), by striking ''After October 1, 2012'' and inserting ''Beginning October 1, 2016''.

(c) ADDITIONAL EXTENSIONS NOT PERMITTED.—Section 422 of the General Education Provisions Act (20 U.S.C. 1226a) shall not apply to further extend the duration of—

(1) the authority under paragraph (1) of section 461(b) of the Higher Education Act of 1965 (20 U.S.C. 1087aa(b)), as amended by subsection (a)(1) of this section, beyond September 30, 2016, on the basis of the extension under such subsection; or

(2) the authority under paragraph (2) of section 461(b) of the Higher Education Act of 1965 (20 U.S.C. 1087aa(b)), as amended by subsection (a)(1) of this section, beyond March 31, 2018, on the basis of the extension under such subsection.

SEC. 4. EXTENSION OF ADVISORY COMMITTEE ON STUDENT FINANCIAL ASSISTANCE.

Section 491(k) of the Higher Education Act of 1965 (20 U.S.C. 1098(k)) is amended by striking ''2015'' and inserting ''2016''.

The SPEAKER pro tempore (Mr. SMITH of Nebraska). Pursuant to the rule, the gentleman from Michigan (Mr. BISHOP) and the gentleman from Wisconsin (Mr. POCAN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. BISHOP of Michigan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill, H.R. 3594.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. BISHOP of Michigan. Mr. Speaker, I yield myself such time as I may consume, and rise in support of the Higher Education Extension Act of 2015.

Mr. Speaker, this week, several provisions of the Higher Education Extension Act are set to expire, including the Perkins Loan Program.

For several decades, the Perkins Loan Program has provided low-interest-rate loans to college students with severe financial need. If we allow this program to expire, it would be at a time when our Nation's higher education system is failing many students trying to earn a college degree and a lifetime of opportunity and success.

College costs continue to soar, new rules and regulations discourage innovation and deny access, and students are struggling to complete their education, not to mention find good-paying jobs.

This is a very bleak reality facing students from my home State of Michigan and across the country. The American people deserve better. Students and families in my district and across the country deserve better, and my three children, who will one day in the not-so-distant future begin their college careers, deserve better. The reauthorization of the Higher Education Extension Act presents Congress an opportunity to strengthen higher education for students, families, and taxpayers.

My colleagues and I have already proposed a number of responsible reforms that promise to promote innovation, strengthen transparency, and help students complete their education. Members are also working to streamline the confusing maze of financial programs so that students can get the support they need.

As we continue our efforts to reauthorize the law, now is not the time to turn our backs on the students who rely on the Perkins Loan Program for their college education. Now is the time to help meet the immediate need of students in Michigan and across our country, and the Higher Education Extension Act of 2015 will do just exactly that.

This bipartisan proposal will extend for 1 year the Perkins Loan Program, allowing participating colleges and universities to continue to service their borrowers. It will also allow current Perkins recipients who remain in the same academic program to be eligible to receive those funds through March 2018. The legislation will also extend other provisions in the Higher Education Extension Act that aim to support students, institutions, and policymakers.

Finally, let me note for my colleagues and the American people, by reforming the Perkins Loan Program, we ensure that this legislation is fully paid for, at no additional cost to taxpayers.

I am proud to lead this bipartisan effort with the gentleman from Wisconsin (Mr. POCAN), who shares my commitment to helping other students achieve their dream of a college education.

Mr. Speaker, I urge my colleagues to vote ''yes'' on the Higher Education Extension Act of 2015.

I reserve the balance of my time.

Mr. POCAN. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 3594, the Higher Education Extension Act, and I would like to thank my colleague, Mr. BISHOP, as well as my colleagues, Ms. SLAUGHTER, Mr. MESSER, and Ranking Member SCOTT, for their leadership on this issue.

This bill would extend the Perkins Loan Program for 1 year. Perkins loans are need-based loans which foster access to higher education for low-income students by providing low-interest loans to students in need. Colleges and universities tailor the program to best fit borrowers' and educational institutions' situations.

Perkins is a risk-sharing program, with institutions contributing one-third of their students' awards. This ''ownership interest'' also contributes to the successful management of this vital program.

We have only 2 days before the Perkins Loan Program is set to expire, so we must act immediately.

Since its inception in 1958, over $28 billion in loans have been made to students through almost 26 million aid awards. Perkins Loan borrowers are predominantly from lower income families and are often the first in their family to attend college.