

West Bank, cease all anti-Israel incitement and renounce Hamas until it unequivocally meets the three Quartet requirements.

I am proud to have joined with 78 of my colleagues in reminding President Obama in a letter on the eve of his visit to Israel that the U.S. and Israel share common values and interests, and that Israel stands ready for peace. Top among these interests is restarting the peace process and preventing Iran from becoming a nuclear state.

This is precisely why the role of the United States in this process must be one of an honest broker. President Obama must make clear that the pathway for peace is through unconditional direct negotiations between both the Israelis and Palestinians and that the United States vigorously opposes any Palestinian efforts to circumvent direct negotiations. I commend President Obama for pursuing peace during his recent trip to the Middle East, and for working on policy solutions to address the urgent and important threats facing Israel and the United States today.

Since Israel's founding 65 years ago, every American administration has worked to strengthen the bonds between our two nations. This support has been vital for Israel, as the nation is under the constant threat of military and terrorist attacks, economic boycotts and diplomatic hostility—often merely due to the fact of its very existence. At this critical moment, when Iran is moving forward with its nuclear program and simultaneously strengthening Hezbollah's capacity to attack Israel, it is imperative that the Obama administration say in clear and unambiguous language that we stand with the people of Israel and will do all in our power to protect our shared values and national bonds.

As Israel celebrates its 65th anniversary, let us all proclaim that the U.S. continues to value its unbreakable alliance with our closest ally in the Middle East.

NATIONAL HEALTHCARE DECISIONS DAY

Mr. WARNER. Mr. President, I wish to recognize that today, April 16, 2013, is National Healthcare Decisions Day.

National Healthcare Decisions Day exists to inspire, educate and empower the public and providers about the importance of advance care planning. It began as a local, grassroots effort 7 years ago in the Commonwealth of Virginia, started by a Virginia Attorney, and it became an annual event in 2008.

It now is recognized across all 50 States as an annual initiative to provide clear, concise and consistent information on health care decision making to the public and providers. This year over 100 national organizations, including groups like the AARP, Volunteers of America, government groups like the Veterans Health Administration, providers like the hospital company HCA, American College of Nurs-

ing, and American Academy of Nursing, along with faith-based groups like B'nai B'rith International have all pledged to participate today to spread the word on the value of conversations about our goals and values and preferences about medical treatment.

I know how important this is, not just from my time serving both as a Governor and as a Senator, but also through the eyes of a loved one who struggled with these issues. My mother suffered from Alzheimer's disease for 10 years, and for 9 of those years, she could not speak. My father, sister and I found grappling with the challenges of caring for her difficult. The difficulty was greater because, when she was first diagnosed, my family did not take the opportunity to talk in a frank and fully informed way with her and her health care providers about the full array of health care options available or about what her priorities would be during the final years of her life.

It is so frustrating that some have labeled advance care planning as efforts to take away choice from patients. This is ignorant and is disrespectful to those struggling with illness and caregiving. In fact, what we are trying to do is the opposite, give patients and their families the ability to make decisions when they can and provide enough support and information so that they can make informed choices based upon their own values and goals.

It is not easy, this is a subject that most people do their best to avoid: who will decide how we will live when we are unable to make our own decisions. But it is critical.

Most of us, more than 80 percent, will be unable to make decisions about what medical treatments we will receive for some period in our lives. The lucky will regain decision-making ability, but most of us will lose it for good.

Family or friends are then asked to step in. Sometimes they are asked to make routine decisions, like using antibiotics to treat an infection. Sometimes it is more significant. Would a hip replacement improve quality of life when you are physically pretty healthy, but substantially impaired by Alzheimer's or another dementia? Or would it cause more harm than good?

Often proxies are forced to choose between terrible options. Should they consent to an amputation of a gangrenous leg of a loved one who can no longer get out of bed, communicate, or recognize family for the remote chance that doing so will slow, but not cure, the progression of vascular disease?

State laws and Supreme Court decisions direct proxies to make the decision that a now-incapacitated loved one would have made.

But research says this often does not work. It might not work, for example, because a widow never told her adult children what she would want.

Maybe she assumed that her children knew.

Maybe she feared that they would disagree with her preferences.

Whatever the reason, those who make decisions for her do so blindfolded with their hands tied behind their backs.

Too often, proxies are left with guilt, anxiety, and depression.

But some are at peace because they know what the person wants. They know because they talk about how decisions should be made and who should make them. They talk about when a decision best honors the person by pulling back on treatments designed to treat the disease and instead forge ahead with aggressive symptom control. They talk about when a hospital bed at home is the right choice over tubes and needles and monitors in the ICU, or vice versa.

After talking, they write it down in an advance directive.

Each of us has an obligation to our families and friends to think about what we want, to talk to them about what we want, and to document our choices.

In the last two sessions of Congress, I have introduced a bill to help patients, providers, and caregivers get the support and education they need. Among other things, it will make advance directives more accessible, and it will make it easier for providers to follow them. I am planning on introducing a bill, the Senior Navigation and Planning Act, in the coming weeks.

However, today, I urge you all, on this National Decisions Day, to discuss your preferences and goals with your family and friends. Fill out an advance directive. Think of it as a gift.

NATIONAL HEALTHCARE DECISIONS DAY

Ms. KLOBUCHAR. Mr. President, today I wish to discuss a very important issue—living well at the end of life.

Today is National Healthcare Decisions Day. It is a day dedicated to reminding people to plan for the future, to encourage discussions—no matter how difficult—to let families, friends, and caregivers know your wishes, whatever they may be.

This is an incredibly important and pressing issue, but it is one that no one likes to talk about. No one likes to face their own mortality. But we must because we know that more often than not, patients' preferences are not known or adhered to near the end of life.

In the absence of clearly defined expectations and wishes, death can be an incredibly scary and confusing time for a patient and their family. Misunderstanding among physicians and family members about a loved one's final wishes can cause significant psychological and emotional hardship. Families may disagree about treatment options and argue about whether their loved one should get more or less treatment, aggressive intervention or palliative care.

These disagreements can often result in the patient receiving a different course of treatment than they might have preferred—an undesirable yet easily avoidable outcome. We need to empower patients to express their wishes, to exert their choice, and to clearly define their preferences and expectations, whatever they may be, to those who will be along their side at that difficult time.

People often think, “I’m too young to worry about that.” Or, “I have plenty of time to deal with that later.” But these conversations aren’t just important for people who have been diagnosed with terminal illness or individuals approaching old age. In fact, if you wait too long, you may not get the chance.

Most diseases don’t discriminate and accidents can happen to anyone. The time for us to think about what our wishes might be is before we are in a crisis—when we can think clearly about the consequences of the course we select, consult with our spiritual and moral leaders, and discuss these difficult issues with family and friends. There are many physical, emotional, and spiritual components to these issues, and it takes careful reflection to determine which are most important to you.

I am very proud to say that my State has been a leader on this issue. We have a great organization called Honoring Choices Minnesota that provides resources and tools to help people start these difficult conversations with their families.

There will be several events in my State today and all across the country highlighting the importance of not only making your preferences known, but ensuring that people who want to can document their wishes through an advanced care directive, physicians order for life sustaining treatment, or other legal mechanism.

I encourage my colleagues and all Americans to take time today to think about their families, their wishes, and to begin planning for the future.

ADDITIONAL STATEMENTS

TRIBUTE TO MICHAEL DELANEY

● Ms. AYOTTE. Mr. President, today I wish to recognize and congratulate an excellent lawyer and a dedicated public servant—New Hampshire Attorney General Michael Delaney. As Mike completes more than 14 years of service to the people of New Hampshire I would like to acknowledge his significant record of accomplishments.

Long before Mike rose to the position of attorney general, he served as a prosecutor in the homicide unit. I was privileged to work with him on several murder trials, including the case involving two murdered Dartmouth professors. And I was proud to continue serving with him when I was the attorney general and he was the deputy at-

torney general, working together to provide leadership for the office.

Having had the privilege of working side by side with Mike, I can attest to his passion for seeking justice in all prosecutions, his outstanding advocacy on behalf of victims, and his commitment to providing the State with legal representation and counsel of the highest quality.

After serving as legal counsel to the governor, Mike was appointed to serve as New Hampshire’s attorney general in 2009. Throughout his service as attorney general, Mike served the people of New Hampshire with diligence, independence and integrity, leading by example as he and his staff performed the constitutional, statutory and common law duties of the attorney general as the State’s chief legal officer and chief law enforcement officer.

As Mike leaves public service to return to private practice, I commend him on a job well done. He has successfully carried forward the highest traditions of excellence and independence of the office of attorney general and leaves a legacy of improvements to all aspects of the work of the New Hampshire Department of Justice. I ask my colleagues to join me in thanking him for his service and wishing him, his wife Caroline, and their children Will, Maggie and Katie, well in all their future endeavors.●

MESSAGE FROM THE HOUSE

At 11:39 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 882. An act to prohibit the awarding of a contract or grant in excess of the simplified acquisition threshold unless the prospective contractor or grantee certifies in writing to the agency awarding the contract or grant that the contractor or grantee has no seriously delinquent tax debts, and for other Purposes.

H.R. 1162. An act to amend title 31, United States Code, to make improvements in the Government Accountability Office.

H.R. 1246. An act to amend the District of Columbia Home Rule Act to provide that the District of Columbia Treasurer or one of the Deputy Chief Financial Officers of the Office of the Chief Financial Officer of the District of Columbia may perform the functions and duties of the Office in an acting capacity if there is a vacancy in the Office.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 882. An act to prohibit the awarding of a contract or grant in excess of the simplified acquisition threshold unless the prospective contractor or grantee certifies in writing to the agency awarding the contract or grant that the contractor or grantee has no seriously delinquent tax debts, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 1162. An act to amend title 31, United States Code, to make improvements in the

Government Accountability Office; to the Committee on Homeland Security and Governmental Affairs.

MEASURES PLACED ON THE CALENDAR

The following bills were read the second time, and placed on the calendar:

S. 729. A bill to protect law abiding citizens by preventing criminals from obtaining firearms.

S. 730. A bill to prevent criminals from obtaining firearms through straw purchasing and trafficking.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

S. 743. A bill to restore States’ sovereign rights to enforce State and local sales and use tax laws, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-1131. A communication from the Director of the Regulatory Review Group, Farm Service Agency, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled “Noninsured Crop Disaster Assistance Program” (RIN0560-A106) received in the Office of the President of the Senate on April 11, 2013; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1132. A communication from the Chairman and Chief Executive Officer, Farm Credit Administration, transmitting, pursuant to law, the report of a rule entitled “Funding and Fiscal Affairs, Loan Policies and Operations, and Funding Operations; Accounting and Reporting Requirements; Federal Agricultural Mortgage Corporation Funding and Fiscal Affairs; GAAP References and Other Conforming Amendments” (RIN3052-AC75) received in the Office of the President of the Senate on April 15, 2013; to the Committee on Agriculture, Nutrition, and Forestry.

EC-1133. A communication from the Assistant Secretary of the Army (Manpower and Reserve Affairs), transmitting, pursuant to law, a date for the completion of an annual report relative to recruitment incentives; to the Committee on Armed Services.

EC-1134. A communication from the Under Secretary of Defense (Acquisition, Technology and Logistics), transmitting, pursuant to law, a report entitled “Report to Congress on Corrosion Policy and Oversight Budget Materials for Fiscal Year 2014”; to the Committee on Armed Services.

EC-1135. A communication from the Assistant Secretary of the Navy (Research, Development and Acquisition), transmitting, pursuant to law, a report entitled “Report to Congress On Repair of Naval Vessels in Foreign Shipyards”; to the Committee on Armed Services.

EC-1136. A communication from the Acting Under Secretary of Defense (Personnel and Readiness), transmitting, pursuant to law, the annual report of the National Security Education Program for fiscal year 2012; to the Committee on Armed Services.

EC-1137. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to Syria that was declared in Executive Order