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I'm going to talk today about what I see as a major policy choice that we confront as a country and which we are making as we speak, though it may not be apparent to everyone who is looking at the healthcare system broadly. This is a choice between rationing care and reengineering care. And I'll explain to you why I think that choice is facing us and why I think those are the paths that we are considering at this point. What I'm going to do is talk about the big alternatives, the fork in the road, which I will describe to you in a moment; what I think of as some next steps and how the Affordable Care Act fits into those; and how the Commonwealth Fund and other policymakers have been coming together in a consensus around what we need to do with our healthcare system.

So you are aware, I'm sure, of the fact that our healthcare system is excessively costly; that its quality does not match the expenditures that we make on healthcare in the United States, and that, as the icing on the cake, we have extraordinary coverage problems, fifty-five million uninsured according to the latest data and prior to the full implementation of the Affordable Care Act.

Just to remind you, if you look at adult Americans—working age Americans—between 19 and 64, in 2012, 30% of them were uninsured or had been uninsured within the previous year and that number was growing steadily over time up until the current moment when we are watching to see whether insurance spreads as a result of the Affordable Care Act.