ACP does not support QPP measure 268: “Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy.” The measure addresses a clinical condition that is high-impact (approximately one-half million women with epilepsy are of childbearing age) and the measure developers cite a significant gap in care. However, the developers cite American Academy of Neurology level C evidence to form the basis of the measure where to the interventions could potentially result in harmful patient outcomes. For example, implementation could lead to harmful reductions in pharmacotherapy in women with epilepsy. Furthermore, we note several issues with the measure specifications. First, the denominator specifications should include exclusion criteria for surgically sterile women, women without a history of recent seizure, and women who are not currently prescribed pharmacotherapy. Second, the numerator definition of counseling seems overly inclusive and not necessary in all cases. Requiring six dimensions for counseling could be overly prescriptive, especially in surgically sterile women and women with long-acting reversible contraception therapies who need counseling on breastfeeding and folate supplementation, etc. Developers should consider revising the specifications to allow for selection of appropriate therapy that is most relevant to individual patients (i.e., change the definition to include “or” rather than “and”). Third, the developers should consider revising the denominator specifications to include women aged 45 years and older who are of childbearing potential. While the many of the specifications are flawed, the developers do include validity and reliability data in the measure report. The validation process was successful in identifying error and verifying the accuracy of the data submitted by the testing groups.