ACP does not support QPP measure 131: "Pain Assessment and Follow-Up" because we note several specification flaws: 1) performance rates are close to 100%, 2) the measure distracts from measurement of change in functional status, which is likely a more meaningful measure, 3) implementation of this measure could unintentionally promote overuse of opioid therapy, 4) measure developers cite outdated evidence to form the basis of the measure, 5) specifications do not address the importance of including a functional assessment during the patient visit 6) specifications do not exclude patients who have known diversions to opioid therapy (e.g., substance abuse and alcohol abuse disorders) and this could fuel the opioid epidemic, 7) it is burdensome for clinicians to document pain assessment and follow-up plan at every visit regardless of the patient’s primary complaint, 8) referral to a pain management specialist is not practical in every area of the country and 9) the measure language around “eliminating” pain is unreasonable.