ACP does not support QPP measure 128: "Preventive Care and Screening: BMI Screening and Follow-Up." The urgency posed by the obesity epidemic underscores the need for evidence based and clinically meaningful performance measures. However, this is a “check box” measure and the numerator specifies obesity interventions that do not necessarily lead to meaningful improvements in quality outcomes. For example, documenting a nutritionist referral may not be an effective intervention for weight loss management. The measure developers should update the measure specifications to align with current United States Preventive Services Task Force (USPSTF) recommendations on obesity screening and include waist circumference as a screening tool. In addition, there is insufficient evidence to support implementation of obesity interventions for patients with a BMI measurement between 25-30 kg/m². It is burdensome for clinicians to design a follow-up plan for patients with a BMI measurement between 25-30 kg/m² where the evidence is insufficient to support the intervention. As written, the measure pressures clinicians to spend a disproportionate amount of time on a patient’s weight, when other conditions should take precedence. Furthermore, there is no evidence about appropriate screening intervals. We advocate for annual versus biennial screening.