ACP does not support NQF measure #1654: “TOB-2 Tobacco use Treatment Provided or Offered and the subset measure TOB-2a: Tobacco Use Treatment.” This measure represents an important clinical concept; however, the specifications are flawed, developers do not cite high-quality evidence to form the basis of the measure and facilities and individual clinicians could face challenges with implementation. Developers should consider revising the specifications to align with the clinical recommendations of the United States Preventive Services Task Force (USPSTF). The Task Force recommends that clinicians screen for tobacco use, and prescribe behavioral interventions AND U.S. FDA-approved pharmacotherapy for adults who use tobacco. The benefits of counseling without pharmacotherapy are unclear. Furthermore, specifications should include exclusion criteria for patients who expire during hospitalization and patients who have contraindications to pharmacotherapy. Additionally, measure specifications should clearly define what constitutes “cognitively impaired” in the exclusion criteria and “practical counseling” in the numerator specifications. Moreover, the denominator specifications should clearly define what constitutes “inpatient” status. For example, implementation may penalize clinicians treating patients who are classified as observational- or ambulatory-admission status. Otherwise, implementation could pressure clinicians to spend a disproportionate amount of time on tobacco use treatment, when other conditions should take precedence.