ACP does not support NQF measure #2599: “Alcohol Screening and Follow-up for People with Serious Mental Illness.” Implementation will lead to meaningful improvements in clinical outcomes because comorbid alcohol use incredibly complicates the care of patients with serious mental illness; however, we note several suggestions for the developers to consider when they submit the measure to NQF for re-endorsement. First, the benefit of implementing a measure to specifically target patients who are diagnosed with serious mental illness is unclear. Sample sizes from studies of individuals with serious mental illness are small (n<100). The United States Preventive Services Task Force (USPSTF) recommends screening in ALL patients. Second, the requirement for two counseling episodes is not based on high-quality evidence. Third, to limit confusion associated with data collection, developers should separate the numerator into two discrete measures: 1) patients who are screened for unhealthy alcohol use, 2) patients who screened positive and received counseling. Fourth, specifications should include pharmacotherapy as an alternative treatment option. Finally, while this measure is appropriately specified to assess performance at the health-plan-level of analysis, burden associated with data collection may be high for individual clinicians. While health plans can easily obtain detailed clinical management data form various information systems (e.g., claims, EHRs, pharmacy), clinicians are not privy to the same information. Additionally, the denominator population for individual clinicians may be too small to produce stable estimates.