AFFIDAVIT OF JENNIFER M. BLOCK, FNP, NP-C, RN, CDE, CDTC

1. I, Jennifer M. Block, FNP, NP-C, RN, CDE, CDTC, make the following statement regarding my own personal knowledge and experience with the use of continuous glucose monitoring (CGM), and if called upon, could competently testify to the issues herein.

2. I am licensed and credentialed as a Family Nurse Practitioner and Registered Nurse and I hold certifications as both a Certified Diabetes Educator (CDE) and a Certified Diabetes Technology Clinician (CDTC). I was appointed to the committee that created the Certified Diabetes Technology Clinician (CDTC) and serve as a member of the faculty responsible for teaching clinicians about the use of diabetes technology.

3. I am licensed by the state of California, where I practice in good standing, and have been in clinical practice at Stanford University from 2002 until April 6, 2015 in the Department of Pediatric Endocrinology and Diabetes. In addition to my clinical practice, I have served as the primary research coordinator on a large number of clinical trials related to CGM both as a stand alone technology and as part of a wide variety of artificial pancreas systems. In my work as a research coordinator at Stanford I was the primary coordinator for the JDRF funded Randomized Control Trial of CGM that was published in The New England Journal of Medicine and is to date the largest trial of it's kind assessing the effectiveness of CGM technology.

4. I have written many papers, book chapters and served as editor for many books on the use of CGM. I have traveled all over the world delivering talks at professional meetings on the use of CGM technology. My C.V. is attached.

5. Numerous studies on CGM have been published in peer-reviewed medical journals including multiple randomized clinical trials some of which I have worked on first hand. These studies meet or exceed the quality of other studies exploring treatment options for Type 1 diabetes ("T1D").

6. Continuous glucose monitors are recognized as the standard of care for people with T1D who have hypoglycemia unawareness or have suffered episodes of severe hypoglycemia. Numerous professional societies, including The Endocrine Society, the American Association of Clinical Endocrinology, and the American Diabetes Association, have issued guidelines that endorse the use of personal CGM for patients who suffer from hypoglycemia or hypoglycemia unawareness, which are recognized as highly dangerous conditions, or those who have maintained average blood glucose above recommended goal levels despite efforts to improve their degree of control.

7. Nearly all commercial payers in the United States and the Veteran's Administration Medical System cover continuous glucose monitors in view of the professional standards, clinical need, and cost-effectiveness. In fact, many of the Medicare Secondary plans, such as the Federal Blue Cross plan, continue to cover CGM for