

GRABBER

Women's Sexual-Wellness Platform & Protective Bedding Ecosystem

Commercial, Clinical, Reimbursement and Cultural-Launch White Paper

Prepared for prospective strategic, clinical, hospitality, entertainment and public-policy partners

Executive premise

This paper evaluates a hypothetical launch in which a clinically validated, pressure-wave women's sexual-health device is paired with a premium waterproof bedding system and a deliberately provocative "Grabber" launch identity. The commercial thesis is that a device category that is presently marketed mainly as a consumer sex product could, if clinical evidence supported a medical indication, be repositioned as a women's health technology while protective bedding becomes the durable consumer franchise.

Critical evidence warning: The assumed shift from roughly 5% of sexual events involving female ejaculation today to 80%+ after 30 years is a scenario target supplied for modeling. It is not established epidemiology, and it must not be represented publicly as fact without robust baseline research and prospective clinical evidence.

1. The Opportunity: A Category With No Dominant Integrated Platform

The thesis. Pressure-wave stimulation has already demonstrated that a relatively simple electromechanical architecture can create a premium consumer product category. Yet the market remains fragmented across device makers, adult-wellness retailers, bedding manufacturers and incontinence-style protective products. No globally dominant brand presently owns the full experience from arousal technology to bedding infrastructure, repeat-use absorbent layers, hospitality deployment and possible clinical reimbursement.

Why the bedding matters. If a device materially increases the frequency with which users produce substantial fluid during sexual activity, the mattress becomes part of the product problem. Conventional bedding is not designed around rapid removal and replacement of the wet layer. A purpose-built system could combine a fitted waterproof base, comfortable upper surface and interchangeable absorbent layer that is replaced between sessions while the more expensive base remains installed.

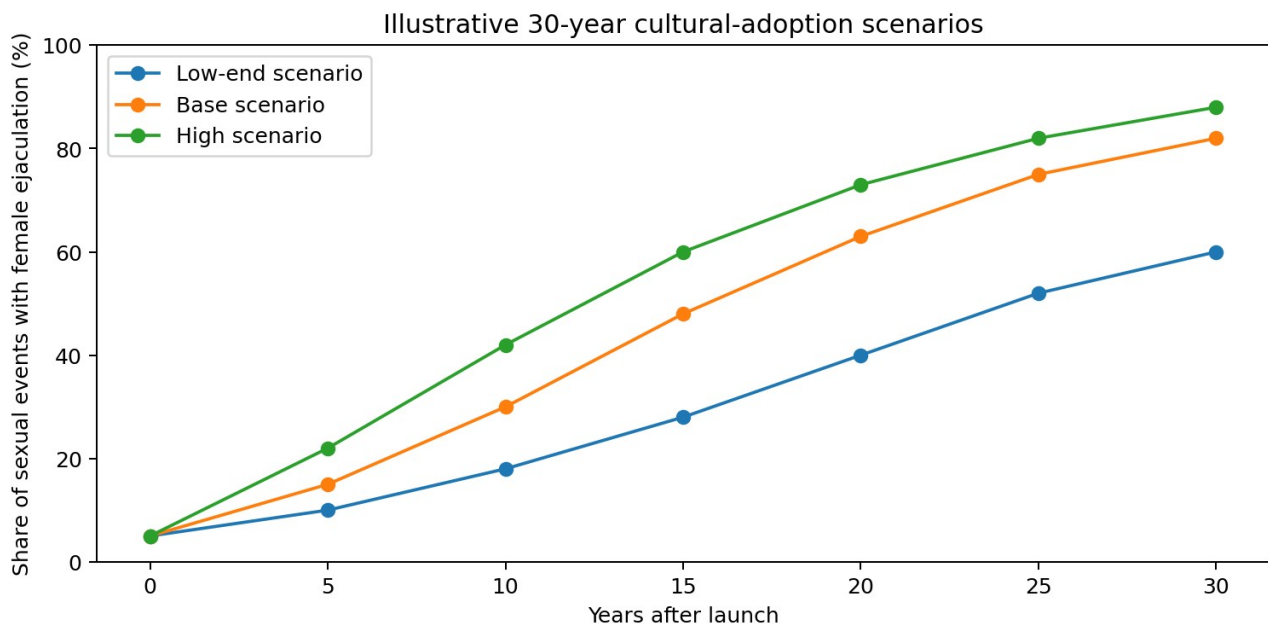
Why the name matters. “Grabber” is evaluated here as a launch nickname or media hook rather than necessarily the permanent product trademark. Its value is earned media: the name is provocative, immediately understandable and capable of generating commentary. A permanent consumer brand could later be selected on clinical, trademark and international-market grounds.

2. What Would Have to Be Clinically True

The business case becomes extraordinary only if the effect is extraordinary. The model assumes that a majority of women can use the device successfully, that the effect is repeatable, that adverse events are uncommon, and that satisfaction remains high over time. Those are testable propositions.

- Prospective multi-site study with a clearly defined endpoint and standardized device instructions.
- Baseline measurement of orgasm, female ejaculation and satisfaction rates before intervention.
- Repeat-session outcome data rather than a single supervised demonstration.
- Stratification by age, menopausal status, medications, pelvic-floor conditions and relevant diagnoses.
- Safety monitoring for irritation, bruising, discomfort, overuse and contraindications.
- Independent replication before making population-scale claims.

Regulatory precedent exists. FDA currently recognizes “clitoral engorgement device” as a Class II obstetrics/gynecology device category under 21 CFR 884.5970. FDA guidance describes such devices as treating female sexual arousal disorder through application of vacuum to the clitoris and requires appropriate safety and effectiveness evidence. FDA also lists genital vibrators for therapeutic use as regulated device categories. That does not mean a pressure-wave consumer product automatically qualifies; it means there is an existing regulatory vocabulary for female sexual-function technology.



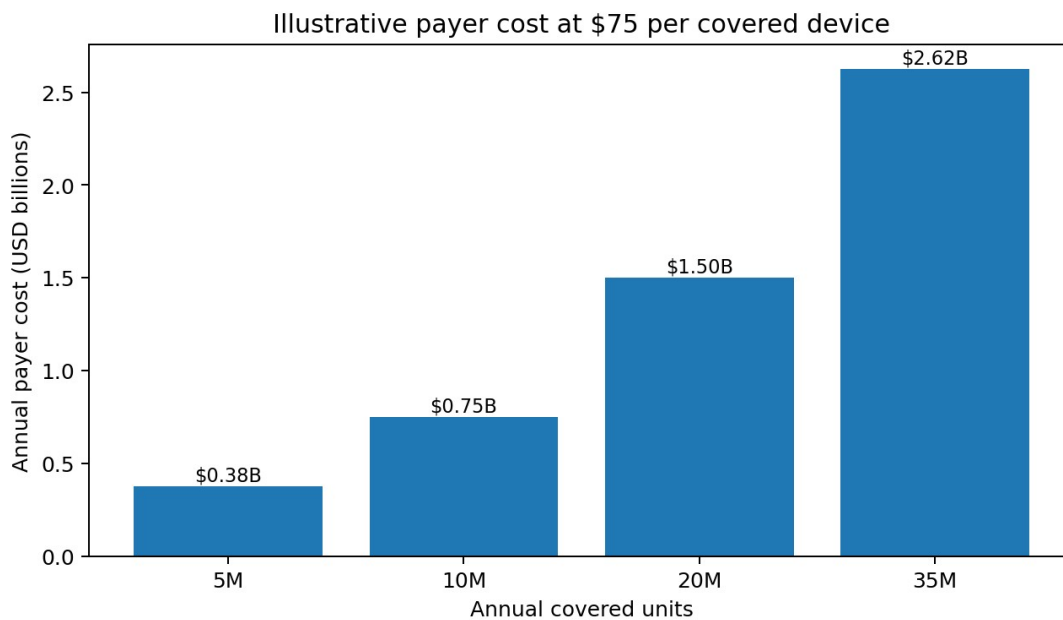
Illustrative scenario only. The 5% starting point and 80%+ target require empirical validation.

Figure 1. Illustrative cultural-adoption scenarios. Not a clinical forecast.

3. Reimbursement: Medicare/Medicaid Is a Pathway, Not a Shortcut

Medicare. Current Medicare durable-medical-equipment rules are restrictive. CMS requires DME to withstand repeated use, generally have an expected life of at least three years, be primarily and customarily used for a medical purpose, generally not be useful in the absence of illness or injury, and be appropriate for home use. CMS policy also treats sheets and other expendable items as non-durable. Accordingly, ordinary bedding would not simply become Medicare DME because it is sold with a medical device.

A more plausible structure. A durable powered therapeutic core could be designed for a multi-year useful life, while patient-contact parts and bedding remain separately purchased, employer-covered, Medicaid-covered where permitted, HSA/FSA-eligible if rules allow, or sold directly to consumers. Medicaid is administered by states within federal rules, so coverage pathways can differ materially by state.



Budget illustration only. Coverage would require a legally valid benefit category, medical indication and evidence of reasonable necessity.

Figure 2. Illustrative payer cost at a \$75 reimbursement level.

Procurement. If government reimbursement or direct purchasing ever became appropriate, a vendor-neutral specification would be substantially more defensible than steering public funds to a celebrity-affiliated manufacturer. Competitive bidding based on safety, clinical performance, volume, service levels and price would reduce conflict-of-interest risk and could drive device costs down rapidly at scale.

4. Commercial Model: Make the Device the Catalyst, Make Bedding the Franchise

The public-health product and the consumer franchise should be structurally distinct. The device can be competitively manufactured to a technical specification while the premium bedding line, replacement layers, travel products and hospitality products operate as a branded consumer ecosystem. This structure prevents the business case from depending entirely on a government reimbursement decision.

Product	Illustrative retail	Purchase pattern	Role
Premium fitted waterproof base	\$250-\$450	3-7 years	Anchor product / premium margin
Budget fitted base	\$80-\$150	3-5 years	Mass-market adoption
Replaceable absorbent layer	\$30-\$80	Recurring	Installed-base economics
3-pack absorbent layers	\$90-\$175	Recurring	Convenience / repeat purchase
Powered therapeutic core	\$60-\$200 retail or reimbursed	3+ year durable target	Clinical catalyst
Travel / hotel kit	\$40-\$120	Occasional	Hospitality / travel channel

Brand economics. The largest long-term asset is not necessarily the first device. It is the installed base. Once a household, clinic or hotel standardizes on the bedding interface, repeat layers, replacements, upgrades and travel products can generate recurring revenue. The commercial ambition is Kleenex-like mindshare without allowing the trademark to become legally generic.

5. Launch Model: Earned Media First, Evidence Immediately Behind It

Celebrity reach can accelerate awareness but cannot substitute for proof. A launch involving Donald Trump and Nicki Minaj would predictably generate substantial attention because both have large, highly engaged audiences and the “Grabber” name has an obvious historical media association. The strategic value of that pairing would be awareness, controversy, entertainment coverage and access to additional cultural figures.

The risk is equally obvious. If the product is launched before there is credible evidence, the media story can harden around ridicule, political polarization or accusations of exploiting women’s sexuality. The strongest sequence is therefore evidence first, limited hospitality or clinic pilots second, then a deliberately theatrical launch once users can independently verify the experience.

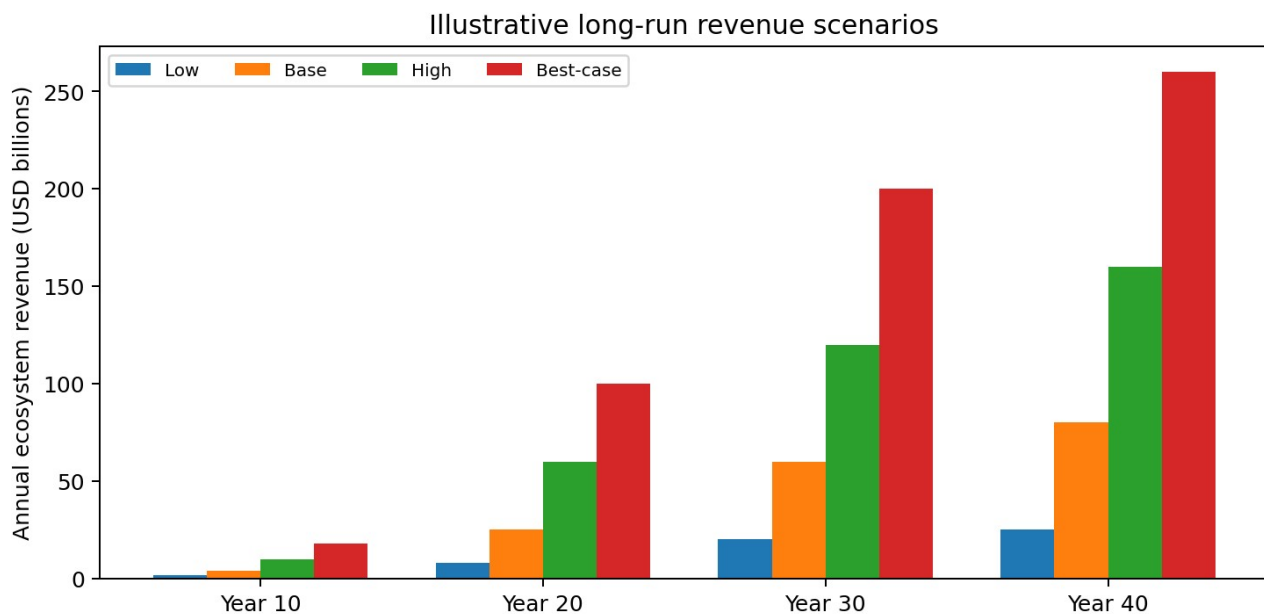
- Phase 1: prototype, human-factors testing, materials testing and IP/trademark clearance.
- Phase 2: clinical protocol, independent investigators and clearly pre-registered endpoints.

- Phase 3: limited clinics/hospitality pilots with controlled data collection.
- Phase 4: earned-media launch using the “Grabber” nickname as a media hook.
- Phase 5: national retail and clinical rollout; competitive manufacturing tenders where public purchasing applies.
- Phase 6: international localization, local regulatory submissions and hotel/clinic standards.

Timing. A credible attempt to reach U.S. regulatory, clinical and reimbursement milestones before January 20, 2029 would require immediate work on classification, clinical design, manufacturing quality systems and payer strategy. A nationwide reimbursement commitment before that date is not guaranteed and should not be represented as such.

6. 30- and 40-Year Financial Scenarios

Scenario framework. The following projections are deliberately broad. They assume the product works, adoption is durable, premium and budget bedding coexist, repeat layers create recurring revenue, and the company expands into hospitality and institutional channels. They do not assume that Medicare/Medicaid reimbursement is the sole source of demand.



Scenario model only; not a forecast. Includes bedding, replaceable layers, devices, hospitality and institutional channels.

Figure 3. Illustrative long-run ecosystem revenue scenarios.

Scenario	Year 10	Year 20	Year 30	Year 40
Low	\$1.5B	\$8B	\$20B	\$25B
Base	\$4B	\$25B	\$60B	\$80B
High	\$10B	\$60B	\$120B	\$160B
Best-case	\$18B	\$100B	\$200B	\$260B

Interpretation. The upper scenarios are not conventional forecasts; they require a genuine change in sexual and household norms. If the waterproof system became a default component of adult bedding worldwide and the same brand retained a premium position while selling recurring layers and therapeutic devices, revenue could reach the scale of the largest global consumer and technology franchises. If the clinical effect is weak or culturally niche, the low-end outcome is far more realistic.

7. Governance, Ethics and Conflict-of-Interest Design

A celebrity-affiliated bedding company and a government-funded medical device cannot be treated as the same transaction. If a sitting president or other public official has a financial interest in the consumer bedding company while government policy materially expands demand for the paired medical category, conflict-of-interest, procurement, constitutional and reputational scrutiny would be inevitable. The cleanest architecture is transparent separation: public programs use vendor-neutral clinical specifications and competitive procurement; any private bedding brand competes in the ordinary market.

- Independent clinical investigators and published protocols.
- Publicly disclosed ownership, licensing and royalty relationships.
- No government specification that uniquely fits one celebrity-affiliated manufacturer.
- Competitive bids where public funds purchase devices or supplies.
- Clear distinction between clinical claims and entertainment/viral messaging.
- Independent legal review of federal ethics, procurement, FDA, FTC and payer rules.

8. Decision Gates

This concept should advance only if it clears sequential gates.

Gate 1 — Technical: Prototype works consistently; waterproof base is comfortable, washable and durable.

Gate 2 — Clinical: Prospective evidence shows a material, repeatable benefit in a defined population.

Gate 3 — Safety: Adverse-event profile supports routine home use.

Gate 4 — Regulatory: FDA pathway and claims are confirmed; labeling matches evidence.

Gate 5 — Economics: Mass-manufacturing bids support acceptable payer and consumer pricing.

Gate 6 — Reimbursement: At least one legally defensible payer pathway is established.

Gate 7 — Cultural: Pilot users show strong repeat use and peer-to-peer recommendation.

Gate 8 — Scale: Hospitality, clinics and retail can support national and international distribution.

Conclusion

The investable idea is larger than a sex toy and narrower than a political slogan. It is a proposed women's sexual-wellness platform in which a clinically validated stimulation device creates demand for a

purpose-built bedding ecosystem, while a memorable launch identity accelerates awareness. If the effect is as large as assumed, the commercial opportunity could become a global consumer-health franchise. If it is not, no amount of celebrity promotion can create the durable category described in this paper.

The immediate next step is therefore not a celebrity endorsement. It is a prototype, a defensible clinical protocol, regulatory classification advice, independent testing and a transparent economic model. Those assets convert a provocative idea into something that public officials, physicians, insurers, hospitality groups, investors and entertainers can evaluate on evidence rather than hype.

Selected Sources

1. U.S. Food and Drug Administration. Product Classification: Device, Engorgement, Clitoral (Product Code NBV; Class II; 21 CFR 884.5970).
2. U.S. Food and Drug Administration. Clitoral Engorgement Devices — Class II Special Controls Guidance Document for Industry and FDA Reviewers.
3. Centers for Medicare & Medicaid Services. DME & Supplies & Accessories Used with DME; definition under 42 CFR 414.202.
4. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual, Chapter 15, §110.1 (sheets and other expendable supplies are not DME).
5. Medicaid.gov. Mandatory & Optional Medicaid Benefits; states administer benefits within federal rules.
6. California Medicaid State Plan Amendment CA-26-0013 (effective Jan. 1, 2026): DME coverage requirements and lowest-cost medically appropriate item principle.

Prepared September 2026. All financial and adoption projections are scenario models for discussion and are not forecasts, medical advice, reimbursement guarantees or regulatory determinations.