

EXHIBIT 16

May 14, 2018

Via E-Mail david@davidcohen.com
Special Master David R. Cohen
Law Office of David R. Cohen
24400 Chagrin Blvd., Suite 300
Cleveland, OH 44122

Re: In Re: National Prescription Opiate Litigation
Case No. 1:17-CV-2804
NAS Babies

Dear Special Master Cohen:

On behalf of my colleagues and myself, we want to thank you, Special Master McGovern and Special Master Yanni for the opportunity to address the Court concerning NAS babies. We are sensitive to the Court's concern of overloading the litigation to the point that no meaningful resolution can be reached; however, NAS babies represent a finite-identifiable subset of blameless victims affected by the opiate crisis. Considering their plight has prompted national news coverage, the recognition and resolution of their health needs present a unique opportunity for the Court to visibly protect the most innocent victims of this extensive and indiscriminate crisis.

Unique qualities common to this class- identifiable and blameless- coupled with our medical monitoring claims present an opportunity to pay direct victim compensation, assist health care providers with epidemiological data, and make an immediate impact on resolving the Opioid Crisis. In the same manner that the ARCOS database will assist the Attorneys General in prosecuting their claims against bad actors, we believe that our injunctive relief claims will have a different but equal effect.

Please accept this proposal that we briefly outlined in Court at the May 10, 2018 status conference.

- Lift the stay with respect to one or more of the NAS class actions West Virginia, Tennessee, Louisiana, Maryland, California and/or Illinois.
- Permitting these cases to proceed with class discovery and motion practice will set up an inquiry into class-wide issues which will inform decisions about the Defendants' relative exposure.
- Discovery would seek evidence of causation of actual damages for out-of-pocket sums for class representatives, and we will break out opioid-weaning treatment costs using ICD-9 codes.

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- Access to the ARCOS database will further help to identify absent class members, quantify damages, support Plaintiffs' allegations regarding the diversionary market, and prove market share. Evidence extracted from the ARCOS database will ultimately aid in reaching settlement by providing a path to an evidence-based discussion about parsing liability amongst Defendants.

Our plan for medical monitoring and epidemiology is necessary because (1) medical knowledge about the unknown, latent negative health impacts of NAS is evolving; and (2) epidemiological data gathered via medical monitoring of the NAS class will assist evolution of such medical knowledge. We foresee this plan yielding the same sorts of benefits as realized by a program serving coalfield populations.

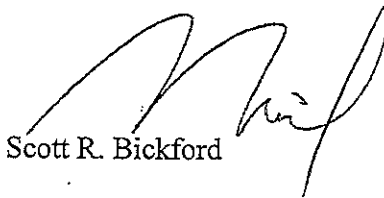
We envision an irrevocable, court-administered, replenishing medical trust to which health care professionals providing NAS-related treatment or testing would submit invoices directly to the trust administrator for direct payment and data release. This fund would also pay for the cost of on-going epidemiological research.

The ultimate goal is that the exchanged evidence will prove a range of class-wide damages for past treatment, provide a basis for a trust fund to pay future medical costs associated with latent injuries, and to fund a medical monitoring program which will include screening for latent injuries. This monitoring will also aggregate epidemiological evidence to identify developing trends and meet needs discovered in the future.

We intend on sending under a separate cover a proposed CMO for a separate NAS baby track. The steps we envision form the basis to adequately and accurately assess the size, scope and magnitude of the problems posed by babies born with Neonatal Abstinence Syndrome with the ultimate aim to have informed settlement discussions.

Respectfully,

MARTZELL, BICKFORD & CENTOLA



Scott R. Bickford

SRB/jh

cc: Special Master Francis E. McGovern, II (via e-mail mcgovern@law.duke.edu)
Special Master Catherine A. Yanni (via e-mail cathy@cathyanni.com)
Joseph F. Rice (via e-mail jrice@motleyrice.com)



mb&c

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June 21, 2018

By Email Cathy@cathyanni.com
Special Master Catherine A. Yanni
2 Embarcadero Center Suite 1500
San Francisco, CA 94111

Re: NAS Baby Litigation

Dear Special Master Yanni:

Thank you for taking time to speak with us concerning opioid-addicted (NAS) babies, an aspect of the opioid epidemic that we believe requires special attention as it is a foundational step to solving the overall problem. As explained, since 2012 approximately 45,500 NAS babies were born in just the 8 states in which we have concentrated our data mining efforts – all now lifelong addicts and many with complicating physical and mental disabilities. No less than Native Americans, we seek a voice for the voiceless. Given the criticisms which have been raised concerning the use of tobacco settlement funds, we do not wish to see funding for NAS babies to be neglected or overlooked in an overall settlement. Our goal is to provide direct funding – unimpeded by traditional government social service structure – directly to NAS babies for their health and welfare needs as well as providing epidemiological identification of morbidity issues arising out of natal addiction.

Despite our mining of data on NAS babies, there has been little done to recognize, treat, and manage their predicament. The science of which has sought to identify, treat, and follow these children into their adult life is scant yet the epidemic of these children populating our cities and towns grows each year. Specific funding is essential to meet those needs. These innocent NAS babies will become the poster children of this epidemic and the efforts to address their plight can only shine a bright favorable light on everyone's efforts to reach a resolution that is focused on solving this crisis.

Recognizing that ultimately there may be only one limited fund to address the injuries of many, we strongly advocate for the creation of a separate trust(s), modeled after a medical monitoring trust, for prior and prospective injuries to the NAS babies. Logically, it is best to have

one national settlement trust in place should this Court reach universal resolution. Such a trust could be accomplished in one of 4 ways:

1. The MDL court could choose to transfer the Ohio Opioid Baby NAS case from the MDL and refer the case back to itself, outside of the MDL, for individual consideration. Ohio has the advantage of having a robust and mature Medical Monitoring jurisprudence. The obvious advantage to this option is that it allows the MDL court to maintain control over the scope and substance of this case and could allow access to preexisting MDL discovery thereby preserving the economies of scale afforded by the MDL;
2. The formation of a separate Opioid Baby Track allowing discovery and litigation to gather information necessary to fulfill the requisite liability attendant to a medical monitoring trust as well as the necessary economic modeling necessary to establish the framework of a trust;
3. Allowing a separate cause of action to piggy back on an existing litigation tracks thereby allowing the development of the requisite liability and damages modeling within that existing track; or
4. Transfer the Opioid Baby NAS cases to individual federal courts from which they were removed to the MDL for adjudication outside of the MDL where the modeling necessary to develop an overall trust either state by state or nation-wide could be accomplished.

As a group, we have not sat idly on the sidelines while the MDL has gone forward. We are a well-funded group of litigation lawyers who have engaged the best experts in the necessary fields to develop the science and damages modeling to substantiate these children's needs.

Our Medical Expert Team includes:

- Dr. Sunny Anand, Chief of Pediatrics Stanford University. Dr. Anand has over 250 peer reviewed published papers on Neonatal Abstinence Syndrome and is regarded amongst his peers as the World's Leading Neonatal expert.

- Chuck Green MA, Perinatal and Foster Care Program Consultant. 24 years of experience in in healthcare management. 16 years of experience in managing Obstetrics and Medicaid maternal programs. He reduced NICU admissions costs by 46% in Tennessee with his program by Alpha Maxx. Best in Class Experience in preventative health services. True and tested NAS program expert.
- Robin Short-Morse MSW, Preventive Drug Program Development For Children. She will create program for education and write her protocol to aid in preventing children's removal from the home. Author of "Ghost From the Nursery "and" Scared Sick." She has implemented multiple childhood programs within Oregon state wide. She worked with the legislature and created the first home visitation program to every newborn child in the state and has worked with CPS to keep children in the home with extensive monitoring requirements developed by her.
- Dr. Sydney Ross M.D., NAS Program Chair. Senior Medical Director of Blue Cross of Idaho. Clinical reporting expert. Multiple board chair positions with fraud and code and charging experience. Multiple years of health care management. Keiser and CDC experience. Developed original scoring system of evaluation scale for addicted babies. Author of "Beyond a Damaged Child."
- Judge Michael Stuttley (ret.), The Honorable judge has worked within the Cooke County / Chicago area to assure juvenile offenders get a second chance by putting them in community service positions instead of juvenile detainment with a high success rate that is stellar and repeated in counties across America. He assists the medical team in formulating proven solutions.

Our Economic Expert Team includes Hammermann and Gainer, the largest minority-owned third-party administrator in the United States. It is the leading Catastrophe Program Manager in the country and has served as HUD's manager for years. It also handled billions in claims for Hurricanes Katrina & Rita, Superstorm Sandy and the BP Deepwater Horizon explosion and oil spill. Their computer experts have proven remarkable in obtaining and analyzing data both efficiently and economically.

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We also secured the permission of the 2nd largest for-profit health-care system in the USA to anonymously data-mine their billing systems (and medical records as needed for verification) via our economic and medical teams. This company covers six states and several regions in the USA with hospitals, clinics, and other healthcare facilities. They employ over 18,000 workers including 500 physicians. In short, it adequately reflects the opioid epidemic as seen by city and rural and large and small healthcare providers. We commissioned our expert-medical team to develop data queries in advance and they are now pouring through the materials and correlating it with other scientific studies. We will have accurate cost models for NAS children through age 25 (and beyond) based on their exposure level- mild, moderate, and severe.

It is our firm belief that most of these children will end up in child-protective services and that no matter how much money is given to those agencies they will never catch up. By having access to medical, social, and educational treatments, foster and adoptive parents will be more likely to take on the challenge of raising an NAS baby. By identifying and treating NAS babies now, we can minimize the heartache and high cost associated with their otherwise high potential for addiction and addictive behaviors.

These children need a seat at the table and especially at the settlement table. However, without concomitant litigation and discovery that seat would be a pyrrhic one. The optics of creating a settlement fund which not only directly addresses the terrible consequences of the opioid crisis but generates nonbiased science to further assist a generation (and perhaps multiple generations) of children is nothing but a win-win for all parties to the litigation. We urge the Court to consider immediately allowing for us to move forward separately or in combination with the MDL to represent these children.

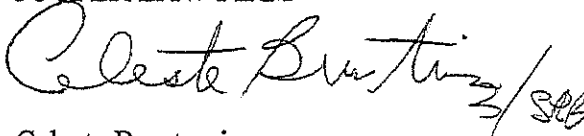
Respectfully,

MARTZELL BICKFORD & CENTOLA



Scott R. Bickford

COOPER LAW FIRM



Celeste Brustowicz

SRB/CB/jh

cc: toja@jamsadr.com

Judy M. Heinrich

From: Scott R. Bickford
Sent: Thursday, June 21, 2018 4:29 PM
To: cathy@cathyanni.com
Cc: Tina Oja; cbrustowicz@sch-llc.com
Subject: NAS Opioid Addicted Babies
Attachments: SM Yanni.pdf

Please find attached our correspondence concerning our conversation on NAS Babies. Thank you

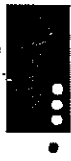
Respectfully

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July 23, 2018

By Email jconroy@simmonsfirm.com
Ms. Jayne Conroy
Simmons Hanly Conroy
112 Madison Avenue, 7th Floor
New York, NY 10016-7416

Re: Opioid Litigation

Dear Jayne:

It was a pleasure to visit with you in Denver. As you know, our litigation group represents scores of babies suffering from NAS, dozens of hospital facilities, and numerous sovereign Indian Tribes, large and small. At present, we are not being copied on any notices of depositions currently underway or being scheduled in the MDL and bellwether proceedings, nor are they being filed into the record or served through the Court's ECF system. For this reason, we are unable to determine which of the depositions we intend to monitor (either in person, or by telephone or video conferencing) and which responsive materials we wish to review in accordance with the Court's deposition protocol. If these notices of deposition will not be filed into the record and served electronically, we ask to be copied on all future notices and kept abreast of any changes in scheduling. Likewise, we request instructions on how to access the streaming of these depositions should we elect not to appear in person.

At this time, since we are unaware of the depositions being scheduled, we are unable to know whether there are any questions we wish to be asked of the witnesses on behalf of our clients whose unique interests may be underrepresented by the PEC and its committees. We believe good cause for this request is satisfied by reason of: (i) the numbered types of litigants that we represent; (ii) the clear and present risk of undue prejudice to one or more of our clients where it/they were excluded from participating in these proceedings; and (iii) principles of judicial economy that mandate avoidance of wasteful duplication of resources expended in discovery. These risks and wasteful efforts could be avoided through our full participation at the depositions and by affording us full and unconditional access to discovery that has been exchanged and will be exchanged. We are obviously willing to sign whatever protective order has been issued by the Court.

SCANNED

Ms. Jayne Conroy
July 23, 2018
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Please contact me regarding this matter at your earliest convenience as we appreciate that MDL and bellwether depositions are being scheduled in a triple-tracked format now.

Yours truly,

MARTZELL BICKFORD & CENTOLA


Scott R. Bickford

SRB/jh

Judy M. Heinrich

From: Jayne Conroy <jconroy@simmonsfirm.com>
Sent: Friday, July 27, 2018 4:44 PM
To: Judy M. Heinrich; Scott R. Bickford; Spencer R. Doody
Cc: opioid-mdl-leadership@mail-list.com
Subject: Opioid Litigation
Attachments: 20180723110302576.pdf; ATT00001.htm

Dear Judy, Scott and Spencer,

I am in receipt of your letter of July 23, 2018 and I have had an opportunity to discuss your concerns and requests with the MDL Executive Committee. I understand your letter to seek assistance in two separate areas; (1) notification of depositions and (2) full and unconditional access to discovery. With respect to the first, we believe that your interests are fully represented at any deposition by the PEC and therefore access or attendance is not necessary and burdensome to the process.

Concerning your second request, access to the proprietary database is limited to the Executive Committee and their designees. We do not agree that good cause exists for your access to this discovery at this time.

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August 2, 2018

Via Email Cathy@cathyanni.com
Special Master Catherine A. Yanni
2 Embarcadero Center Suite 1500
San Francisco, CA 94111

Re: NAS Baby Litigation

Dear Special Master Yanni:

We regretfully write this letter. When we first transferred into the MDL, we had great expectations that the Court would fairly understand that our constituent, NAS babies, were a class of individuals who, apart from States and no less than Native American Tribes, were a unique, finite identifiable group of faultless victims in need of direct delivery of service. That support has, for years, gone unanswered by the very entities that are now represented within the MDL. Children have and should be accorded a separate voice in legal proceedings and the MDL should be no different. When we last communicated - nearly a month ago - we were all heading to Denver for various opioid meetings. We had hoped to hear from you regarding your communications with the judge concerning the NAS babies and our participation in insuring the babies' interests were properly represented.

Following the Court's decision to effectively preclude NAS Babies from a separate tract, our concerns about the lack of representation and due process for our NAS babies has now dramatically heightened as even our request to the PEC to participate (listen to) in the scheduled depositions and reviewing the ARCOS data was perfunctorily rebuffed. See attachments. The reasons stated - that we are burdensome, unnecessary, and without good cause are unsupported, untrue, and entirely unsatisfactory. The states and municipalities controlling the MDL are even unwilling provide the deposition notices.

We are in the impossible position of having to report to our parent clients that not only will their children not receive leave of court for the judge to consider a separate NAS baby track, but they are also denied the right to know what is happening in discovery and settlement because NAS babies are unnecessary and burdensome.

Our clients are without fault and, because of their tender age and the challenges they face, a settlement or judgment in their favor is the best option to minimize the scope of this dreadful epidemic. Their interests are not and frankly cannot be represented by the PEC which is monopolized

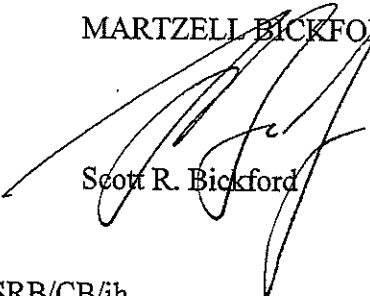
Special Master Catherine A. Gianni
August 2, 2018
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by attorneys who never brought a NAS baby case to the MDL and who represent interests that have failed to adequately address the plight of the NAS babies for years and who frankly have multiple economic interests apart from the past, present and future interests of these children. That states/municipalities pay for some Medicaid charges incurred by these children at birth does not provide the PEC with sufficient basis to represent their life long care interests.

We will be filing the appropriate motions to protect basic due process rights.

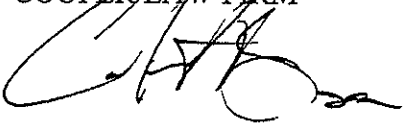
Respectfully,

MARTZELL BICKFORD & CENTOLA



Scott R. Bickford

COOPER LAW FIRM



Celeste Brustowicz

SRB/CB/jh

Enclosure

cc: toja@jamsadr.com