

boys appearing to be about two years of age.”⁶

Also in 2018, Sergeant Christopher S. Gilbert met “Miss MN” online playing Fortnite. Using the voice chat feature in the game, “Miss MN” told Gilbert she was 13 years old, and Gilbert told her he was 22. The two traded Instagram account names and began exchanging private messages through the Instagram text messaging feature. A court subsequently concluded that Gilbert sexually abused “Miss MN” by sending her digital pictures and videos of his penis, engaged in inappropriate sexual conversations with her, and attempted to guilt her into sending nude images of herself. A subsequent search of Gilbert’s phone revealed child pornography. Gilbert was convicted of sexual abuse of a child and possession of child pornography.⁷

And in 2019, Juan Carlos Sandoval-Guerrero, using Fortnite, coerced a young child (called Victim B in court pleadings) into sending images that portray Victim B “displaying his penis, masturbating his penis with his hand and penetrating his anus with his finger. In some videos, Victim B can be seen wearing a wireless headset of the type . . . typically associated with video game systems like Xbox. During one of the videos, Victim B can be heard talking about the points he got on a game while he is masturbating his penis.” In 2021, Sandoval-Guerrero pled guilty to the production and attempted production of child pornography in violation of 18 U.S.C. 2251(a), (e).⁸

These examples should concern any parent whose kids enjoy playing online video games. And they should serve as a wake-up call to skeptics who believe that invasions of privacy lead merely to targeted advertising.

Numerous news articles have reported that Fortnite and other online games foster a target-rich hunting ground for sexual predators.⁹ The National Center

for Missing & Exploited Children, the nation’s centralized reporting system for suspected child sexual exploitation, received more than 29.3 million reports of suspected child sexual exploitation in 2021, including over 44,000 reported incidents of online enticement of children for sexual acts.¹⁰ And the organization noted that the reports of online enticement have been growing more numerous each year. During my tenure as a Commissioner, I have been an ardent advocate for federal privacy legislation,¹¹ in part because of the pernicious risks threatening children’s safety online.¹²

I am not a Luddite. I recognize that children’s lives can be enriched through

including teens, through gaming and social media platforms); Dustin Racioppi, *‘People don’t want to talk about it,’ but reports of kids being exploited online have spiked amid coronavirus pandemic*, USA Today, Oct. 22, 2020, <https://www.usatoday.com/story/news/nation/2020/10/22/coronavirus-child-abuse-nj-online-child-exploitation-reports-increase/6004205002/> (discussing the epidemic of online child exploitation during the coronavirus pandemic).

¹⁰ *CyberTipline 2021 Report*, Nat’l Ctr. for Missing and Exploited Child., <https://www.missingkids.org/gethelpnow/cybertipline/cybertiplinedata#overview>.

¹¹ Oral Statement of Commissioner Christine S. Wilson, FTC, Before the U.S. House Committee on Energy and Commerce Subcommittee on Consumer Protection and Commerce (July 28, 2021), https://www.ftc.gov/system/files/documents/public_statements/1592954/2021-07-28_commr_wilson_house_ec_opening_statement_final.pdf; Christine Wilson, Op-Ed, *Coronavirus Demands a Privacy Law*, WALL ST. J., May 13 2020, available at <https://www.wsj.com/articles/congress-needs-to-pass-a-coronavirus-privacy-law-11589410686>; Oral Statement of Commissioner Christine S. Wilson, FTC, Before the U.S. Senate Committee on Commerce, Science, and Transportation (April 20, 2021), https://www.ftc.gov/system/files/documents/public_statements/1589180/opening_statement_final_for_postingrevd.pdf; Christine Wilson, *Privacy in the Time of Covid-19*, TRUTH ON THE MARKET (Apr. 15, 2020), <https://truthonthemarket.com/author/christinewilsonicle/>; Christine Wilson, *A Defining Moment for Privacy: The Time is Ripe for Federal Privacy Legislation*, Remarks at the Future of Privacy Forum, Feb. 6, 2020, https://www.ftc.gov/system/files/documents/public_statements/1566337/commissioner_wilson_privacy_forum_speech_02-06-2020.pdf; Oral Statement of Commissioner Christine S. Wilson Before the U.S. House Committee on Energy and Commerce Subcommittee on Consumer Protection and Commerce (May 8, 2019), https://www.ftc.gov/system/files/documents/public_statements/1592954/2021-07-28_commr_wilson_house_ec_opening_statement_final.pdf; Oral Statement of Commissioner Christine S. Wilson, FTC, Before the U.S. Senate Committee on Commerce, Science, and Transportation Subcommittee on Consumer Protection, Product Safety, Insurance, and Data Security (Nov. 27, 2018), https://www.ftc.gov/system/files/documents/public_statements/1423979/commissioner_wilson_nov_2018_testimony.pdf.

¹² Christine S. Wilson, *The FTC’s Role in Supporting Online Safety*, Remarks at the Family Online Safety Institute, Nov. 21, 2019, https://www.ftc.gov/system/files/documents/public_statements/1557684/commissioner_wilson_remarks_at_the_family_online_safety_institute_11-21-19.pdf.

social media, gaming, and other online resources. But online activity comes with risks, especially when internet products have flawed or non-existent safeguards. The FTC’s Section 5 authority does not reach, and cannot prevent, every danger facing teens and children on the internet today. Here, however, I am comfortable with this use of our unfairness authority, and I am supportive of the groundbreaking injunctive relief requiring privacy-protective settings for children and teens, because I have reason to believe that Epic Games knew that its products and/or services presented a substantial risk of harm and did not take simple steps to address that risk.

[FR Doc. 2022–28581 Filed 1–3–23; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA—CE20–001, Evaluating Practice-Based Programs, Policies, and Practices from CDCs Rape Prevention and Education (RPE) Program: Expanding the Evidence to Prevent Sexual Violence.

Date: February 7, 2023.

Time: 8:30 a.m.–5:30 p.m., EST.

Place: Videoconference.

Agenda: To review and evaluate grant applications.

FOR FURTHER INFORMATION CONTACT:

Carlisha Gentles, PharmD, BCPS, CDCES, Scientific Review Official,

National Center for Injury Prevention and Control, CDC, 4770 Buford Highway NE, Mailstop F-63, Atlanta, Georgia 30341, Telephone (770)488-1504, CGentles@cdc.gov.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022-28582 Filed 1-3-23; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Request for Information: Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Healthy Start)

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of request for information.

SUMMARY: HRSA's Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services seeks the perspectives of Healthy Start grantees, community members, people with lived experience, health care providers, community health workers, birthing people, parents, and other members of the public to inform future Healthy Start program development.

DATES: Submit comments no later than February 3, 2023.

ADDRESSES: Submit comments by email to MCHBHealthyStart@hrsa.gov (subject line Healthy Start Request for Information [RFI]). Submit comments by mail to Mia Morrison, MPH, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18N-15, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Mia Morrison, MPH, Supervisory Public Health Analyst, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, HRSA, 5600 Fisher Lane, 18N15, Rockville, MD 20852. Phone: 301-443-2521. Email: mmorrison@hrsa.gov.

SUPPLEMENTARY INFORMATION: HRSA's Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Healthy Start) program is authorized by 42 U.S.C. 254c-8 (section 330H of the Public Health Service Act). Healthy Start is a community-based program dedicated to reducing disparities in maternal and infant health. HRSA provides Healthy Start grants to communities with infant mortality rates at least 1.5 times the U.S. national average and with high rates of adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity, and mortality). Healthy Start programs serve individuals of reproductive age, pregnant and postpartum people, fathers/partners, and infants from birth through 18 months.

HRSA currently funds 101 Healthy Start grantees in 35 states, the District of Columbia and Puerto Rico, to improve health outcomes before, during, and after pregnancy and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes by: (1) improving access to quality health care and services for parents, birthing people, infants, children, and families through outreach, care coordination, health education, and linkage to health insurance; (2) strengthening the health workforce, specifically those individuals responsible for providing direct services; and (3) building healthy communities and ensuring ongoing, coordinated comprehensive services are provided in the most efficient manner through effective service delivery.

In addition, HRSA funds the Supporting Healthy Start Performance Project to provide grantees with technical assistance and training in order to achieve the goals of the Healthy Start program. Through Healthy Start investments, HRSA has also expanded access to doula care and invested in communities to improve infant health equity by developing data-driven systems level strategies addressing social and structural determinants of health. More information about the portfolio of Healthy Start programs is available online at: <https://mchb.hrsa.gov/about-us/divisions/division-healthy-start-perinatal-services-dhsp#:~:text=Our%20division%3A,between%20racial%20and%20ethnic%20groups>.

Unacceptably high rates of infant and maternal mortality persist in communities across the country, with notable inequities by race and ethnicity. HRSA seeks to accelerate the elimination of inequities in birth outcomes in communities served by Healthy Start.

Responses: HRSA is seeking input from the public on the following topics related to the design, implementation, and evaluation of the Healthy Start program. A response to each question is not required. All partners and interested parties are welcome and encouraged to respond (e.g., Healthy Start grantees, community members, people with lived experience, health care professionals, etc.)

Program Design and Implementation

(1) Provide input on the types and mix of services (direct¹, enabling² or public health services and systems³) and program activities (including strategies that address social and structural determinants of health) that could accelerate Healthy Start's impact on decreasing racial/ethnic disparities in maternal and infant mortality and morbidity. In your response, include examples of innovative services or strategies that a Healthy Start grantee could elect to implement and how the effectiveness of these interventions could be measured.

(2) Propose criteria and/or methods for defining applicant project area and target population⁴ in order to ensure that Healthy Start programs are serving populations and communities with the highest rates of infant and maternal mortality and morbidity, including communities with the highest racial/ethnic disparities. If applicable to your

¹ *Direct Services*—Direct services are preventive, primary, or specialty clinical services to pregnant women, infants, and children where funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts.

² *Enabling Services*—Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes. Enabling services include, but are not limited to case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach.

³ *Public Health Services and Systems*—Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking.

⁴ Definition of project area and target population from the fiscal year (FY) 2019 Healthy Start Initiative Notice of Funding Opportunity (HRSA-19-049): A project area must represent a reasonable and logical catchment area, but the defined areas do not have to be contiguous. The target population is the population that you will serve within your geographic project area.