



Health Care Appropriations Subcommittee

January 20, 2016
12:00 PM – 2:00 PM
Webster Hall (212 Knott)

Action Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Wednesday, January 20, 2016 12:00 pm
End Date and Time: Wednesday, January 20, 2016 02:00 pm
Location: Webster Hall (212 Knott)
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 1061 Nurse Licensure Compact by Pigman
HB 1083 Agency for Persons with Disabilities by Renner

Update on Data Analytics Initiatives:

Agency for Health Care Administration--Public Benefits Integrity Data Analytics (SAS Consulting)
Department of Children & Families--Analytics & Predictive Analyses within the Child Welfare System (SAS Consulting and North Highland Company)

Presentation by Partnership for Strong Families Community-Based Care Organization--Resource Center Model to Prevent Child Abuse

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Tuesday, January 19, 2016.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Tuesday, January 19, 2016.

NOTICE FINALIZED on 01/15/2016 4:13PM by LAL

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

Summary:

Health Care Appropriations Subcommittee

Wednesday January 20, 2016 12:00 pm

HB 1061	Favorable	Yeas: 12	Nays: 0
HB 1083	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Wednesday, January 20, 2016 2:51:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Matt Hudson (Chair)	X		
Michael Bileca	X		
Jason Brodeur	X		
Janet Cruz	X		
W. Travis Cummings	X		
Gayle Harrell	X		
Shawn Harrison	X		
MaryLynn Magar	X		
Jared Moskowitz	X		
Amanda Murphy	X		
Cary Pigman	X		
David Richardson	X		
Kenneth Roberson	X		
Totals:	13	0	0

Committee meeting was reported out: Wednesday, January 20, 2016 2:51:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

HB 1061 : Nurse Licensure Compact

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar				X	
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
	Total Yeas: 12	Total Nays: 0			

Appearances:

Lyon, Chris (Lobbyist) - Waive In Support
 FL Association of Nurse Anesthetists
 Attorney
 315 S. Calhoun St Suite 830
 Tallahassee FL 32309
 Phone: (850) 222-5702

Christian, David (Lobbyist) - Waive In Support
 Florida Hospital
 Executive Director - Government Relations
 2520 N. Orange Ave.
 Orlando FL 32804
 Phone: (407) 303-5552

Smith, Layne (Lobbyist) - Waive In Support
 Mayo Clinic
 Director, State Government Relations
 4500 San Pablo Road
 Jacksonville FL 32224
 Phone: (904) 953-7334

McRay, Jack (Lobbyist) - Waive In Support
 AARP
 200 W College Ave Ste 304
 Tallahassee FL 32301
 Phone: (850) 577-5187

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Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

HB 1061 : Nurse Licensure Compact (continued)

Appearances: (continued)

Fause, Melissa (Lobbyist) - Waive In Support

Americans for Prosperity
Policy Analyst
200 W College Ave. Ste 113
Tallahassee FL 32301
Phone: (850) 408-1218

DeCastro, Martha (Lobbyist) - Waive In Support

Florida Hospital Association
VP for Nursing
306 E. College Ave
Tallahassee FL 32301-1522
Phone: (850) 222-9800

Lumpkin, Barbara (Lobbyist) - Waive In Support

Baptist Health South Florida
Consultant
468 Green Spring Circle
Winter Springs FL 32708
Phone: (407) 227-7705

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Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

HB 1083 : Agency for Persons with Disabilities

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar				X	
Jared Moskowitz				X	
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

Phillips, Janice (General Public) - Waive In Support
 Association of Support Coordination Agencies
 Chair
 1831 Fiddler Court
 Tallahassee FL 32308
 Phone: (850) 877-4393

Brown, Robert (Lobbyist) (State Employee) - Waive In Support
 Agency for Person With Disabilities
 Legislative Affairs Director
 4030 Esplanade Way
 Tallahassee FL 32399
 Phone: (850) 414-5853

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/20/2016 12:00:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

AHCA Data Analytics

King, Julius - Information Only
SAS Institute
Director
147 Lemon Drop Circle
Apex NC 27502
Phone: (919) 649-0092

AHCA Data Analytics

Bennett, Kelly (State Employee) - Information Only
AHCA
Bureau Chief, Medicaid Program Integrity
2727 Mahan Drive
Tallahassee FL 32308
Phone: (850) 412-3600

AHCA Data Analytics

Miller, Eric (State Employee) - Information Only
AHCA
Inspector General
2727 Mahan Drive
Tallahassee FL 32308
Phone: (850) 412-3600

DCF Data Analytics

Jones, Will (At Request Of Chair) - Information Only
SAS Institute
Child Welfare Industry Consultant

DCF Data Analytics

Georges, Jim (At Request Of Chair) - Information Only
SAS Institute
Child Welfare Analytic Lead

DCF Data Analytics

Thomas, Janice (Lobbyist) (State Employee) - Information Only
Department of Children & Families
Assistant Secretary for Child Welfare
1317 Winewood Blvd
Tallahassee FL 32399
Phone: (850) 487-1111

Partnership for Strong Families' Resource Center Model

Petion, Jenn (At Request Of Chair) - Information Only
Partnership for Strong Families
Director of Community & Government Relations
5950 NW 1st Place Suite A
Gainesville FL 32607
Phone: (352) 359-8169

Committee meeting was reported out: Wednesday, January 20, 2016 2:51:20PM

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1061 Meeting Date: 1/20/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Approps.

Name: Chris Lyon

Title: Attorney

Address: 315 S. Calhoun St., Ste. 830

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/222-5702

Representing: Florida Association of Nurse Anesthetists

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1061 Meeting Date: 1/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Inter-state Nurse Compact

Committee/Subcommittee: Health Care Appropriations

Name: David Christian

Title: Executive Director - Gov't Relations

Address: 2520 N. Orange Ave

City: Orlando State/Zip: 32804 FL

Phone Number: 850/294-0704

Representing: Florida Hospital

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1061 Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: NURSE LICENSURE COMPACT

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Name: LAYNE SMITH

Title: DIRECTOR, STATE GOVT. RECREATIONS

Address: 4500 SAN PABLO ROAD

City: JACKSONVILLE State/Zip: FL 32224

Phone Number: 904-953-7334

Representing: MAYO CLINIC

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



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Type or Print Clearly

Bill Number: 1061 Meeting Date: 1/20/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: NURSE LICENSURE

Committee/Subcommittee: HE CARE APP.P.

Name: JACK MERRAY

Title: _____

Address: 200 W. COLLEGE AVE., #304

City: TLH State/Zip: FL 32301

Phone Number: 850-577-5127

Representing: AARP

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WLS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1061 Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Nurse Licensure Compact

Committee/Subcommittee: Healthcare Appropriations Subcommittee

Name: Melissa Fause

Title: Policy Analyst

Address: 200 W. College Ave, Ste. 10A

City: Tallahassee State/Zip: FL/ 32301

Phone Number: 850-408-1218

Representing: Americans for Prosperity

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1661 Meeting Date: 1-20-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Nurse Licensure Compact

Committee/Subcommittee: HZ Approp Subcommittee

Name: Martha DeCastro

Title: VP for Nursing

Address: 306 E. College Avenue

City: TUH State/Zip: FL 32301

Phone Number: (850) 222 9800

Representing: Florida Hospital Association

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WLS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1061 Meeting Date: 1-20-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Noise Measure Compact

Committee/Subcommittee: Hc Approp Subcommittee

Name: BARBARA LUMPKIN

Title: CONSULTANT

Address: 468 GREEN SPRING CIR

City: WINTER SPRINGS State/Zip: FL 32708

Phone Number: 407 227 7705

Representing: BAPTIST HEALTH SOUTH FLORIDA

Registered Lobbyist: YES NO

State Employee: YES NO

WADE SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W13



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1083?
1803 Meeting Date: 1/20/2016

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: Sub. HHS Approps

Name: Janice Phillips

Title: Chair - Association of Support Coordination

Address: 1831 Fiddler Ct.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 877 4393

Representing: Association of Support Coordinators

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1083 Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: House Health Care Approps

Committee/Subcommittee: _____

Name: Robert Brown

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: APD

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Partnership for Strong Families' Resource Center Model

Committee/Subcommittee: Health Care Appropriations

Name: Jenn Petion

Title: Director of Community & Government Relations

Address: 5950 NW 1st Place, Suite A

City: Gainesville State/Zip: FL 32607

Phone Number: 352-359-8169

Representing: Partnership for Strong Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: AHCA - Data Analytics

Committee/Subcommittee: _____

Name: Dr. Julius King

Title: Director

Address: 147 Lemon Drop Circle

City: Apex State/Zip: NC 27542

Phone Number: 919-649-0092

Representing: SAS Institute

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: ANCA Data Analytics

Committee/Subcommittee: Health Care Appropriations Subcomm. Hee

Name: Kelly Bennett

Title: Bureau Chief, Medicaid Program Integrity

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3600

Representing: Agency for Health Case Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: NAHC Data Analytics Contract

Committee/Subcommittee: Health Care Approps Sub

Name: Eric Miller

Title: Inspector General

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3600

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: DCF DATA ANALYTICS PRESENTATION

Committee/Subcommittee: HEALTHCARE APPROPRIATIONS

Name: WILL JONES - CHILD WELFARE INDUSTRY CONSULTANT

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: SAS INSTITUTE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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Type or Print Clearly

Bill Number: _____ Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: DCF DATA ANALYTICS PRESENTATION

Committee/Subcommittee: HEALTHCARE APPROPRIATIONS

Name: JIM GEORGES

Title: CHILD WELFARE ANALYTIC LEAD

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: SAS INSTITUTE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 20 January 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Data Analytics in Child Welfare

Committee/Subcommittee: Health Care Appropriations

Name: Janice Thomas

Title: Assistant Secretary for Child Welfare

Address: 1317 Winewood Blvd

City: Tallahassee State/Zip: FL 32399

Phone Number: 950-487-1111

Representing: Florida Department of Children & Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	