



Accessible Services Submission Guidance Document

Effective August 12, 2024, OAC [4729:5-2-05](#) requires *all outpatient pharmacies located in Ohio* to submit notification to the Ohio Board of Pharmacy of the types of language translation services, hearing impairment services, and vision impairment services they offer to patients using the Board's accessible services reporting webpage. Pharmacies are required to use this webpage to notify the Board of these accessible services. To submit the services offered by your pharmacy, visit: www.pharmacy.ohio.gov/ASreport

IMPORTANT DEADLINE: While the rule is effective August 12, 2024, the requirement to submit notification of accessible services does not take effect until November 10, 2024 (90-days from the effective date of the rule). Therefore, outpatient pharmacies in Ohio will have until **November 10, 2024** to submit initial notification of accessible services to the Board.

REMINDER FOR LARGE CHAINS: For companies that must report for multiple pharmacy locations, you can bulk report for all your pharmacy licenses using the webpage. ***NOTE: After your initial bulk submission to report accessible services, you will be unable to make changes for your pharmacies using bulk editing.*** Any further accessibility services updates will have to be made individually for each pharmacy location.

IMPORTANT REMINDERS:

- The deadline for Ohio pharmacies to submit information is **November 10, 2024**.
- Per OAC 4729:5-2-05, an outpatient pharmacy required to submit notification to the Board in accordance with this rule shall notify the Board, [using this online form](#), within thirty days of any change in the accessible services provided by the pharmacy.
- This information is also required to be reviewed and updated during the licensure renewal process for all Ohio pharmacies.
- Except in the instance of a temporary software or equipment failure, a pharmacy that reports it offers accessible services shall be required to provide those services to patients upon request.
- This information will be reported to a public website where patients can search for accessible services.

If you need additional information or assistance, please e-mail the Board at contact@pharmacy.ohio.gov

Types of Accessible Services Definitions

The types of accessible services that pharmacies can report are described in more detail below.

Hearing Impairment Services

- **Video Relay Services** – Allows people with hearing disabilities who use American Sign Language to communicate with people over the telephone using video equipment instead of through typed text.ⁱ
- **Teletypewriters** – Allows people with hearing disabilities who use American Sign Language to communicate with people over the telephone using typed messages. Sometimes this service is referred to as a Telecommunications Device for the Deaf (TDD).ⁱⁱ
- **Sign Language Interpreters on Staff** – Indicates that a pharmacy staff member is present and able to fluently communicate with patients with hearing disabilities using American Sign Language.
- **Speech-reading or lip-reading services** – Indicates that a pharmacy staff member is present and able to fluently communicate with patients with hearing disabilities using speech- or lip-reading (the ability to understand speech by carefully watching the lip patterns and movement of the tongue and face of the person speaking).ⁱⁱⁱ
- **Visual medical aids to communicate pharmacy information** – Any kind of sign, pamphlet, or other visual aid that would help people with hearing disabilities understand information from the pharmacy.

Vision Impairment Services

- **Oversize font labels** – Labels for pharmacy prescription bottles that come in a larger than normal size so people with vision impairment can better read their prescription labels.
- **Contrasted color background labels** – Labels for pharmacy prescription bottles that have a strong contrast between the text and background of the label, so those who have vision impairment or are colorblind can read the labels.
- **Grade 1 braille labels** – Labels for pharmacy prescription bottles that come in Grade 1 braille. Grade 1 braille is a letter-for-letter substitution of the printed alphabet, making it the preferred braille code for beginner learners.^{iv}
- **Contracted braille labels** – Labels for pharmacy prescription bottles that come in contracted braille. Contracted, or Grade 2, braille is used by more experienced braille users, with similar letters, punctuation, and numbers as Grade 1 braille, but includes special signs to represent common words or groups of letters.^v
- **Audio labels/prescription readers** – Labels for pharmacy prescription bottles that will audibly recite the prescription information to the patient who is visually impaired.

Notes:

ⁱ <https://www.fcc.gov/consumers/guides/video-relay-services>

ⁱⁱ <https://www.adapacific.org/teletypewriter-tty-and-telecommunications-device-for-the-deaf-tdd/>

ⁱⁱⁱ <https://www.ndcs.org.uk/information-and-support/language-and-communication/spoken-language/supporting-speaking-and-listening/lip-reading/>

^{iv} <https://brailleworks.com/braille-resources/what-is-braille/#Grade1Braille>

^v [https://www.rnib.org.uk/living-with-sight-loss/education-and-learning/braille-tactile-codes/contracted-grade-2-braille-explained/#:~:text=Contracted%20\(Grade%202\)%20braille%20is,like%20a%20kind%20of%20shorthand.](https://www.rnib.org.uk/living-with-sight-loss/education-and-learning/braille-tactile-codes/contracted-grade-2-braille-explained/#:~:text=Contracted%20(Grade%202)%20braille%20is,like%20a%20kind%20of%20shorthand.)

How to Report Your Pharmacy's Accessible Services

1. Visit www.pharmacy.ohio.gov/ASreport and log in with your license number and security code.



PHARMACY OFFERED ACCESSIBLE SERVICES

Effective [DATE], OAC 4729:5-2-05 requires all outpatient pharmacies located in Ohio to submit notification to the Ohio Board of Pharmacy of the types of language translation services, hearing impairment services and vision impairment services they offer to patients. Pharmacies are required to use this webpage to notify the Board of these accessibility services. For more information on this requirement, visit: <https://www.pharmacy.ohio.gov/accessreport>.

For companies that must report for multiple locations, you can bulk report for all your pharmacy licenses using this page. **NOTE:** After your initial bulk submission to report accessibility services, you will be unable to make changes for your pharmacies using bulk editing. Any further accessibility services updates will have to be made individually for each pharmacy location.

IMPORTANT REMINDERS:

- Per OAC 4729:5-2-05, an outpatient pharmacy required to submit notification to the Board in accordance with this rule shall notify the Board, using this online form, within thirty days of any change in the accessible services provided by the pharmacy.
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Instructions: Please complete the fields below to Log In. Input your license number exactly as it appears on the [Verification Page](#).

License Number:
Security Code:

LOG IN

[Look Up Your Security Code](#)

IMPORTANT: [Click here to retrieve your security code.](#)

2. Choose to either add your pharmacy's accessible services if this is your first time using the form for your pharmacy or edit your pharmacy's accessible services if you need to make a change to your accessible service details.

CAUTION: When you are first adding your pharmacy's services, you can bulk add services for multiple pharmacies at once. However, you will be unable to make changes for your pharmacies using bulk editing once you've added services. Any further updates will have to be made *individually* for each pharmacy location.

PHARMACY OFFERED ACCESSIBLE SERVICES

Choose an option from below:

LOG OUT

Add Edit

Select Add to add accessible service details for individual or multiple license numbers. Select Edit to modify the accessible services offered by a licensee. **NOTE:** The Edit feature can only be used to modify services at individual locations.

To Add Services for a Pharmacy:

1. Select the pharmacy or pharmacies that you would like to add services for. You can click the "Select All" button to select all your pharmacy licenses at once.

PHARMACY OFFERED ACCESSIBLE SERVICES

Please check one or more licenses in the grid below to choose the accessibility service options offered at the location(s).

SELECT ALL

Select	License No#	Business Name	Location
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]

Displaying Page 1 of 1 (Total Records :2)

NEXT

BACK

- Use the checkboxes to select the hearing impairment services, vision impairment services, and non-English languages that your pharmacy offers. If your pharmacy offers other services that are not listed, check the “Other” box and add a comment explaining what kinds of services the pharmacy offers. If your pharmacy offers additional languages that are not listed on the form, you do not need to specify these languages. The Board will direct patients to call the pharmacy to confirm which additional languages they offer.

Reminder: Per OAC 4729:5-2-05, a pharmacy that reports it offers accessible services shall be required to provide those services to patients upon request.

Hearing Impairment Services

- Video Relay Services
- Teletypewriters
- Sign language interpreter(s) on staff
- Speech-reading or lip-reading services
- Visual medical aids to communicate pharmacy information
- Other (please specify):

Enter comments (max 100 characters) if "Other" is checked.

Vision Impairment Services


- Oversize font labels
- Contrasted color background labels
- Grade 1 braille labels
- Contracted braille labels
- Audio labels/prescription readers
- Other (please specify):

Enter comments (max 100 characters) if "Other" is checked.

Non-English Languages

- Spanish
- Chinese
- Arabic
- German
- Nepali
- French
- Somali
- Dutch
- Hindi
- Additional Languages (call for more information)

- Click the “Submit” button at the bottom of the screen to submit the accessible services offered by your pharmacy or pharmacies.



SUBMIT **BACK**

To Edit Services for a Pharmacy:

- 1. Click on the “Select” button to the left of the pharmacy information you wish to edit.


PHARMACY OFFERED ACCESSIBLE SERVICES

Select the license number you wish to edit.

	License No#	Business Name	Location
Select	[REDACTED]	[REDACTED]	[REDACTED]
Select	[REDACTED]	[REDACTED]	[REDACTED]

Displaying Page 1 of 1 (Total Records :2)

BACK



2. Use the checkboxes to select or deselect the hearing impairment services, vision impairment services, and non-English languages that your pharmacy offers. If your pharmacy offers other services that are not listed, check the “Other” box and add a comment explaining what kinds of services the pharmacy offers. If your pharmacy offers additional languages that are not listed on the form, you do not need to specify these languages. The Board will direct patients to call the pharmacy to confirm which additional languages they offer.

Reminder: Per OAC 4729:5-2-05, a pharmacy that reports it offers accessible services shall be required to provide those services to patients upon request.

Hearing Impairment Services

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- Sign language interpreter(s) on staff
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- Somali
- Dutch
- Hindi
- Additional Languages (call for more information)

3. Click the “Submit” button at the bottom of the screen to update the accessible services offered by your pharmacy.

