

## **Barrier After Barrier**

### *Real stories from Cascade AIDS Project's PrEP/PEP Navigators*

“We were able to assist a woman who had potentially been exposed to HIV, but had met barrier after barrier in trying to access medication to prevent infection. The woman had been sexually assaulted. After this horrible incident, with her aunt’s help, she sought PEP, but was turned away from an emergency room (because she declined a sexual-assault kit) and an urgent care (because they didn’t prescribe PEP). Eventually, they were advised to call CAP. They did, and our Navigator directed the woman’s aunt to request a prescription from the woman’s primary-care provider. When they called the provider, though, a clinic staff member told them that primary-care providers cannot prescribe PEP. They called CAP back, and our Navigator instructed them in how to speak with the clinic staff member. This time, they were able to get an appointment with the provider and obtain a PEP prescription—within the 72-hour window for effectiveness.”

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“A young gay man reached out to us after finding out his partner had an exposure to HIV. He was scared to use his insurance, as it was under his father’s work plan and he came from a conservative family. We talked about alternative paths, self-pay options, and telehealth models. He ended up getting access via a tele-PrEP service, but it sure would have been helpful to have another route of access through direct pharmacy delivery.”

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“A young man from rural eastern Oregon reached out to us. We discussed traditional models of healthcare access and he stated he lived in such a small town that he didn’t feel like he had access to a provider who was knowledgeable about this medication option. He was looking to the potential of having to travel 2-3 hours to find a provider. If the direct access from pharmacy was an option, I feel this situation would have had a much better outcome. So many in rural areas feel this reality and in turn give up on this prevention tool.”