The Equal Employment Opportunity Commission (EEOC) defines targeted disabilities as a subset of conditions that would be considered disabilities under the Rehabilitation Act of 1973, as amended. Per the EEOC, “The federal government has recognized that qualified employees with certain disabilities, particularly manifest disabilities, face significant barriers to employment, above and beyond the barriers faced by people with the broader range of disabilities. These barriers are often due to myths, fears, and stereotypes about such disabilities.”

The EEOC considers the following as “targeted disabilities”:

- developmental disabilities, for example, cerebral palsy or autism spectrum disorder; traumatic brain injuries;
- deafness or serious difficulty hearing, benefiting from, for example, American Sign Language;
- blindness or serious difficulty seeing even when wearing glasses;
- missing extremities (arm, leg, hand and/or foot);
- significant mobility impairments, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports;
- partial or complete paralysis (any cause);
- epilepsy and other seizure disorders;
- intellectual disabilities (formerly described as mental retardation);
- significant psychiatric disorders, for example, bipolar disorder, schizophrenia, PTSD, or major depression;
- dwarfism; and significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders.

NIH provides PAS to employees with targeted disabilities who request and require personal assistance with basic activities of daily living (ADL) because of their disability, unless doing so would impose an undue hardship. ADL include, but are not limited to, eating, drinking, dressing, toileting, transferring, and walking. PAS do not help employees with disabilities perform their specific job functions, such as reviewing documents or answering calls; and differ from services
that assist an individual in performing job-related tasks, such as sign language interpreters. Additionally, PAS do not include, performing medical procedures (e.g., administering shots) or medical monitoring (e.g., monitoring blood pressure).

Providing PAS is a form of reasonable accommodation (RA). Therefore, the requester must initiate an RA request through the NIH Reasonable Accommodation Program (RAP) managed by the Office of Equity, Diversity, and Inclusion (EDI). The request for PAS is processed following the procedures as outlined in the NIH Policy Manual 2204-Reasonable Accommodation. The timeframes, responsibilities, and interactive process, as discussed in the NIH Policy Manual 2204, also apply to requests for PAS.

PAS must be performed by a personal assistance service provider. Once eligibility is determined and the need and nature of PAS is verified, the NIH RAP has the option to work with the Department of Health and Human Services (HHS) Office of Equal Employment Opportunity, Diversity & Inclusion (EEODI) to coordinate PAS through a central contract. Another option is to use an existing employee who already performs similar service as part of his or her regular job or hire federal employees, independent contractors, or a combination of employees and contractors to perform personal assistance services. Lastly, in lieu of the agency identifying a PAS provider and assuming the cost of providing services, an employee who already uses a PAS provider in their personal non-work environment may request permission to bring their own PAS provider to work as a reasonable accommodation.

For more information on PAS, please contact the NIH RAP via email at edi.ra@mail.nih.gov or phone at 301-496-6301.