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Can Type 1 diabetes prevent access to professional athletic careers? Eligibility for entry into state-affiliated sports groups in Italy, regulatory barriers, and the implications of proposed legislative reform (DDL S. 1276)

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Abstract

Elite athletic performance is shaped not only by talent, genetics, and dedication, but also by the availability of financial resources and institutional support. In Italy, elite athletes have traditionally relied on affiliation with state-linked sports groups, such as, but not limited to, the Italian Army (*Esercito*) or the State Police (*Polizia di Stato, Fiamme Oro*), which provide salaried positions, social protection, training facilities, technical support, and medical care. While this system offers economic stability, it raises questions about eligibility criteria for entry into such groups. This article examines the barriers faced by athletes with type 1 diabetes in accessing state-affiliated sports groups and considers the relevance of the proposed legislative reform (DDL S. 1276), which seeks to remove diabetes as a ground for ineligibility. In doing so, this article draws on legal documents, recruitment calls, medical eligibility regulations, and documented cases of athlete exclusion.

Our analysis shows that Italian sports medicine regulations generally allow individuals with type 1 diabetes to participate in sports and obtain medical clearance. Rather, barriers arise from military and public-service eligibility frameworks, with a complex and fragmented regulatory landscape that, in most cases, continues to classify diabetes as a condition associated with ineligibility. Moreover, while alternative pathways for inclusion have been developed within the

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Paralympic system, these do not extend to athletes with type 1 diabetes. As a result, these athletes occupy a regulatory gray area, leaving them at risk of exclusion. Further clarification is needed regarding the role of athletes within these groups and how these exclusions operate in practice, particularly in more permissive state-affiliated sports bodies.

The proposed legislative reform represents an important step toward greater inclusion, helping to ensure that outdated regulatory assumptions do not continue to impede talented athletes with chronic but manageable medical conditions from accessing professional opportunities and employment stability.

Keywords
Discrimination, Eligibility, Elite Sport, Ethics, Diabetes Mellitus Type 1, Sport Funding

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1. Introduction

An athlete's capacity to reach and sustain elite performance is not solely determined by genetics, talent, and dedication but also by access to financial resources. At its most basic level, financial security provides athletes with a reliable income, allowing them to meet everyday living costs and to commit fully to training and competition without the need to pursue parallel employment. Beyond this basic function, financial resources also underpin access to advanced technologies, high-performance equipment, specialized coaching, and medical support, all of which have become essential for athletes' competitiveness and progression in modern sport (Rahmani, Majedi and Nasab, 2024). The absence of such financial stability can have significant consequences. Financial insecurity and institutional failures, such as the lack of secure contractual agreements, can generate psychological stress and heighten athlete vulnerability (Semenova et al., 2025). Furthermore, such instability may pressure athletes to pursue alternative, and at times unethical, means of sustaining their careers or income, thereby increasing susceptibility to behaviors such as doping or match-fixing (Overbye, Knudsen, and Pfister, 2013; Semenova et al., 2025).

Elite athletic participation today is sustained through a diverse constellation of financial support mechanisms, encompassing private sponsorships, corporate endorsements, scholarships, philanthropic or crowdfunded contributions, and public or state-sponsored funding (Rahmani, Majedi and Nasab, 2024). The manner in which such financial support is structured, varies across sports and national sport systems. National mechanisms of funding range from predominantly privatized systems that rely on university athletics and corporate backing, to highly centralized state-controlled approaches, as well as hybrid systems that combine public and private forms of support (D'Ambrosi, 2026).

Italy represents a particularly illustrative example of this mixed model. In numerous Olympic disciplines, such as track and field, swimming, skiing, and other less commercially remunerative sports, Italian elite athletes have historically relied on affiliation with state-affiliated bodies, most notably state military or civilian sports groups, which provide salaried positions, social security coverage, training infrastructure, personnel (coaches), and medical support (Paruto, 2025). While this institutional arrangement enables promising athletes to pursue elite sport as a career under relatively stable economic conditions, it also raises important questions regarding eligibility for entry into such groups and the potential for exclusion, particularly in relation to medical conditions. In recent years, growing public and institutional attention has been directed at the barriers faced by athletes with type 1 diabetes in accessing state-affiliated sports groups.

Type 1 diabetes is a chronic autoimmune condition in which the body's immune system destroys the insulin-producing cells of the pancreas, resulting in a lifelong dependence on insulin therapy to regulate blood glucose levels (Egan & Dinneen, 2019). Discussions surrounding the ineligibility of athletes with type 1 diabetes for admission to state-affiliated sports groups have culminated in proposed legislative reform DDL S. 1276, introduced by Senator Daniela Sbrollini and submitted to the Presidency of the Italian Senate on 22 October 2024, which aims to ensure equal opportunities for athletes with diabetes in accessing military and civilian sports groups.[1] Central to the proposal is the removal of diabetes as a cause of exclusion from such groups accompanied by monitoring mechanisms and sanctions for non-compliant institutions. The proposal also addresses continuity of employment within the underlying state institutions following the conclusion of an athlete's sporting career (Art. 4).[2]

This article examines the barriers faced by athletes with type 1 diabetes in Italy in accessing state-affiliated sports groups, and explores the legal, medical, regulatory, and ethical dimensions of such exclusions. It begins by providing an overview of the Italian system of elite sport financing, with particular attention to the recruitment procedures governing access to state-affiliated sports groups. It then presents documented cases of exclusion involving athletes with type 1 diabetes and, drawing on the regulatory framework governing medical eligibility in Italian sport as well as recent recruitment calls, analyses how such exclusionary practices arise and the legal and regulatory grounds underpinning them. Building on this analysis, the article engages with broader ethical considerations and concludes by commenting on the proposed legislative reform (DDL S. 1276) concerning access to state-affiliated sports groups for athletes with diabetes.

We conclude that the reform represents an important step toward greater inclusion within a highly fragmented landscape, helping to ensure that outdated regulatory assumptions do not continue to impede talented athletes with chronic but manageable medical conditions from accessing professional opportunities, employment stability, and financial support within elite sport.

[1]Disegno di legge S. 1276, "Disposizioni per l'arruolamento di atleti affetti da diabete nei gruppi sportivi militari e dei corpi dello Stato", available at: https://www.senato.it/leg/19/BGT/Schede/FascicoloSchedeDDL/ebook/58621.pdf (last accessed 6 June 2026).
[2]Ibid.

2. Materials and methods

This article draws on the analysis of publicly available documents governing access to elite sport and state-affiliated sports groups in Italy, including legislation, ministerial decrees, regulations governing state-affiliated sports groups, medical eligibility regulations, and recruitment calls. The analysis is further informed by documented cases of athlete exclusion, providing insight into the real-world impact of these regulatory frameworks. In particular, we focus on the case of middle-distance runner Anna Arnaudo.

A central component of the analysis is the examination of recruitment calls. Recruitment calls were identified through the official platform of the Italian Ministry for Public Administration (*inPA Portale del Reclutamento*).[3] A targeted search was conducted within the "*Bandi e Avvisi" (Notices and Announcements)* section using the keyword "*atleti*" (athletes), combined with the filter "*concorso*" (recruitment call). This search was complemented by a review of the recruitment sections of the official websites of military and civilian state-affiliated bodies (e.g., the *Arma dei Carabinieri website* under the "*concorsi*" section).[4] It is important to note that our aim was not to systematically collect and compare all recruitment calls within a defined time frame. Rather, a selective approach was adopted, focusing on a limited number of calls published between 2024 and 2026. This approach was intended to provide an overview of the legal and regulatory frameworks used to determine athlete eligibility. Particular attention was paid to ensure that the sample included recruitment calls from all military and civilian state-affiliated sports bodies, in order to capture the diversity of institutional practices while identifying common underlying eligibility criteria.

The article was developed through a collaborative process involving a researcher (Giulia Sesa, GS) and middle-distance runner Anna Arnaudo (AA). This approach reflects a broader commitment to incorporating the perspectives of those directly affected by particular restrictions or exclusions when evaluating current policies and proposing potential ways forward, ensuring that reflections and recommendations remain grounded in the lived experiences of those concerned.

3. Funding pathways for elite athletes in italy: the military tradition

The integration of elite athletes into military and civilian state-affiliated sports groups represents a long-standing and distinctive feature of the Italian sports system, reflecting the historical role of the State in supporting sports (Sofri, 2024). Each year, military and civilian sports groups recruit several hundred athletes across a wide range of disciplines. While in the Italian context private sports clubs and federations are primarily responsible for identifying and developing athletic talent, state-affiliated sports groups have traditionally provided selected athletes with the institutional and economic support necessary to pursue high-level competition (D'Ambrosi, 2026). Through this system, the State offers recruited athletes the opportunity to train and compete at the highest level while holding an employment contract (Paruto, 2025).

Moreover, at the end of their competitive careers, athletes *may* decide to continue working within the same state institutions by taking on different roles and responsibilities both related and unrelated to elite sport (Paruto, 2025). Thus, this structure has historically served both as a funding mechanism for elite sport and athletic development, as well as a pathway to post-career employment for athletes in disciplines with limited commercial support.

The development of state-affiliated sports groups within the Italian sports system did not result from a single, centralized legislative decision, but rather from a gradual and fragmented institutional process shaped by the individual choices of different military and civilian bodies (Paruto, 2025). From the very first editions of the modern Olympics, Italian athletes affiliated with military groups such as the Financial Police (*Guardia di Finanza, Fiamme Gialle*), the Italian Army (*Esercito*), and the Navy (*Marina Militare*) represented the country on the international stage (Sofri, 2024). For instance, at the 1908 London Olympic Games, Italy secured a gold medal in Greco-Roman wrestling through Enrico Porro, who was a member of the Italian Navy (*Marina Militare*) and competed as part of its military sports group (Sofri, 2024). Athletes were organized into ad hoc teams or internal sections devoted specifically to sport within each institution. In 1921, the Financial Police (*Guardia di Finanza, Fiamme Gialle*) became one of the first state bodies to formalize the recruitment of athletes within its ranks (Paruto, 2025). In contrast, the Firefighters (*Vigili del Fuoco, Fiamme Rosse*) represents the most recently established civilian state-affiliated sports group, created in 2013 (Paruto, 2025).

The necessity of employing athletes in military or civilian state bodies is closely linked to the historical structure of the national sports system and, in particular, to the limited recognition of professional athlete status (Paruto, 2025). Under Italian law (Law No. 91 of 23 March 1981), only a small number of sports are classified as professional, including, for instance, football (men's first to third divisions and the women's top division), basketball (limited to the highest division),

[3]Italian Ministry for Public Administration, inPA—Portale del Reclutamento, available at: https://www.inpa.gov.it/#bandi-avvisi (last accessed 5 June 2026).
[4]Arma dei Carabinieri, "Area Concorsi", available at: https://www.carabinieri.it/concorsi/area-concorsi (last accessed 5 June 2026).

cycling, golf, and boxing (D'Ambrosi, 2026; Paruto, 2025). Athletes competing in all other disciplines, among them athletics, swimming, and skiing, were formally classified as amateurs, despite competing at an elite and often international level. This traditional distinction between amateur and professional athletes, historically grounded not only in the level of competition but also in the specific sports practiced, has been partially reconsidered by Legislative Decree No. 36 of 28 February 2021. At the same time, however, it has both reflected and shaped the historical organization of Italian sport and its associated funding mechanisms, influencing how athletes in different disciplines have accessed professional opportunities and institutional support (*see for instance* Fonzo, 2022).

Today, Italy's military sports groups include those of the Army (*Esercito*), Navy (*Marina Militare*), Air Force (*Aeronautica Militare*), and the *Carabinieri* (national gendarmerie), all of which fall under the authority of the Ministry of Defense, as well as the sports group of the Financial Police (*Guardia di Finanza, Fiamme Gialle)*, which operates under the Ministry of Economy and Finance (Paruto, 2025). Alongside these military entities, several civilian state bodies maintain their own sports groups. These include the State Police (*Polizia di Stato, Fiamme Oro*), the Penitentiary Police (*Polizia Penitenziaria, Fiamme Azzurre*), and the Firefighters (*Vigili del Fuoco, Fiamme Rosse*), which are institutionally linked to the Ministry of the Interior and the Ministry of Justice (Paruto, 2025).

Entry into military and state-affiliated sports groups occurs through public recruitment calls launched periodically by the relevant ministries (Paruto, 2025). These recruitment calls specify the total number of available positions as well as the gender and sporting discipline sought of the prospective athlete, reflecting the needs of each military or civilian body (Paruto, 2025). Participation in the recruitment process is subject to a series of general and specific eligibility requirements, including, for instance, Italian citizenship, an unblemished criminal record, and completion of lower secondary education, as well as being deemed eligible on the basis of medical, psychological, and aptitude assessments (*see later*) (Paruto, 2025). Candidates are ranked in a publicly available list based on the evaluation criteria set out in the recruitment call (Paruto, 2025). Once recruited, athletes formally enter as public employees the service of the ministry responsible for the military or civilian body to which the relevant sports group belongs. Athletes typically receive basic military training, hold formal ranks, and receive salaries (Sofri, 2024).

Data illustrate the central role played by military and civilian state-affiliated sports groups within the Italian sports system. At the Tokyo 2020 Olympic Games, for example, 270 of the 384 athletes representing Italy were affiliated with such state-linked sporting bodies and at the Paris 2024 Olympic Games, more than seventy per cent of Italian athletes were members of military, police, or other state-affiliated sports groups (Sofri, 2024; RAI News, 2024).[5] This pattern is also reflected in the profiles of some of Italy's most prominent elite athletes. At the time of writing, olympic champions Marcell Jacobs (sprinter) and Gregorio Paltrinieri (swimmer) are both affiliated with the State Police sports group (*Polizia di Stato, Fiamme Oro)*, while alpine ski racer Sofia Goggia competes as a member of the Financial Police (*Guardia di Finanza, Fiamme Gialle).* When examining Olympic medal outcomes, across the Rio 2016, Tokyo 2020, and Paris 2024 Olympic Games, athletes affiliated with state military and civilian sports groups accounted for approximately 82.8 per cent of Italy's total medal tally (D'Ambrosi, 2026). These numbers underscore the extent to which state-backed institutions continue to function as key pillars of elite athletic support in Italy.

4. Illustrating exclusion: the case of anna arnaudo and similar cases

In recent years, a number of high-profile cases have drawn attention to the barriers faced by athletes with type 1 diabetes in accessing Italy's state-affiliated sports groups. One of the most prominent cases is that of Anna Arnaudo, an Italian middle-distance runner with type 1 diabetes. Despite competing internationally for Italy, winning a silver medal in the 10,000 meters at the European Under-23 Championships, and setting Italian Under-23 national records in both the 10,000 meters and half marathon, Arnaudo was deemed ineligible to join a state-affiliated sports group because of her medical condition. No Italian female athlete had achieved faster performances over these distances at the same age (La Repubblica, 2026).[6]

The consequences of such exclusion extend beyond symbolic recognition. Unlike many elite Italian athletes affiliated with military or civilian sports groups, Arnaudo does not receive a salary or institutional financial support for training and competition. Yet, like many elite endurance athletes, she trains full-time under highly demanding conditions, with weekly training volumes reportedly reaching up to 190 kilometers alongside extensive travel, physiotherapy, dietary

[5]RAI News, Olimpiadi: da Jacobs a Gimbo, perché gli atleti italiani sono quasi tutti nelle forze armate, 7 August 2024, available at: https://www.rainews.it/articoli/2024/08/olimpiadi-perche-gli-atleti-italiani-sono-quasi-tutti-nelle-forze-armate-d37706e0-4df5-479f-a-0a5-caefcdea1af4.html (accessed 6 June 2026).
[6]La Repubblica, "Anna Arnaudo: 'Non sono un'atleta con il diabete ma un'atleta e basta'", 15 April 2026, available at: https://www.repubblica.it/salute/2026/04/15/news/anna_arnaudo_atleta_diabete-425282498/ (accessed 6 June 2026).

management, and other costs associated with high-performance sport. In order to peruse her career as a professional athlete, Arnaudo is enrolled as a full-time doctoral student. Her experience may be indicative of a broader challenge faced by athletes with type 1 diabetes. Barriers to accessing funding may compel athletes with type 1 diabetes to pursue a dual career, which may place them under additional pressure and at a competitive disadvantage compared to athletes who receive institutional support, adding to the difficulties related to the daily management of type 1 diabetes.

Similar issues have emerged in other sporting contexts. Italian fencer Giulio Gaetani, a member of the Italian national team and winner of the overall Under-20 World Cup during the 2019–2020 season, has likewise reportedly been excluded from state-affiliated sports groups due to type 1 diabetes despite competing successfully at international level, including winning a bronze medal at the 2023 Vancouver Senior World Cup (Il Fatto Quotidiano, 2025).[7] More recently, comparable concerns have also been raised in relation to swimmer Federico Rizzardi, another athlete with type 1 diabetes, who won gold at the 2025 World University Championships (La Repubblica, 2026).[8]

These recent, real-world cases raise broader questions concerning the foundations upon which such exclusions are based, a topic explored in depth in the following sections.

5. Medical eligibility in italian sport

The Italian system of sports participation has long relied on medical certification to regulate access to both competitive and non-competitive sporting activities for the purpose of safeguarding health in sport.

The current framework governing medical eligibility for competitive sport is primarily based on Ministerial Decree of 18 February 1982, which remains in force today. In the Italian context, competitive sport is defined as any sporting activity practiced continuously and/or systematically oriented towards achieving a high level of athletic performance (Ministero della Salute, 2024).[9] The activity is primarily carried out within organized forms governed by national sport federations or sport promotion bodies recognized by the Italian National Olympic Committee (CONI) and from the Ministry of Education (Ministero della Salute, 2024).[10] The definition also includes national-level school competitions, such as the *Giochi della Gioventù,* a nationwide school sports program designed to promote the educational, social, and personal development of young people through sport, involving students aged 7 to 17 and encompassing a range of disciplines, including athletics, volleyball, swimming, and basketball, among others (Law No. 41 of 25 March 2025).

The Ministerial Decree of 18 February 1982 establishes that certification assessments must be conducted according to a nationally defined protocol. Importantly, the nature and extent of the required examinations vary according to the sport concerned (Art. 3). These assessments may include, for example, medical history, urine testing, resting electrocardiograms (ECG), and sport-specific assessments such as color vision testing for motor sports (Annex 1 to the Ministerial Decree of 18 February 1982). Sports involving greater cardiovascular and respiratory demands, such as cycling, athletics, and hockey, are subject to more comprehensive testing, including exercise tolerance evaluations, spirometric examinations, and ECG testing both at rest and following exertion (Annex 1 to the Ministerial Decree of 18 February 1982; Federazione Medico Sportiva Italiana, 2021).[11] The specialist in sports medicine evaluates the risks associated with both competition and training and, upon completion of the assessment process, issues a formal certificate of fitness, non-fitness, or temporary non-fitness. The medical certificate typically has a validity of one year (Ministero della Salute, 2024).[12]

In parallel, a distinct regulatory instrument was introduced shortly thereafter to govern non-competitive sports (Ministerial Decree of 28 February 1983). Non-competitive sport encompasses activities undertaken by individuals participating in activities organized by CONI, sports clubs affiliated with National Sports Federations, Associated Sports

[7]Il Fatto Quotidiano, "Il diabete non mi ha impedito di battere campioni olimpici e mondiali, ma vengo escluso dai gruppi sportivi: la storia di Giulio Gaetani", 9 January 2025, available at: https://www.ilfattoquotidiano.it/2025/01/09/giulio-gaetani-storia-scherma-diabete-impedito-battere-campioni-olimpici-mondiali-vengo-escluso-gruppi-sportivi/7830892/ (accessed 6 June 2026).
[8]La Repubblica, "Anna Arnaudo: 'Non sono un'atleta con il diabete ma un'atleta e basta'", 15 April 2026, available at: https://www.repubblica.it/salute/2026/04/15/news/anna_arnaudo_atleta_diabete-425282498/ (accessed 6 June 2026).
[9]Ministero della Salute, "Tutela della salute nelle attività sportive", 23 December 2024, available at https://www.salute.gov.it/new/it/tema/attivita-fisica/tutela-della-salute-nelle-attivita-sportive/ (accessed 6 June 2026).
[10]Ibid.
[11]Federazione Medico Sportiva Italiana. (2021). Il punto sui certificati medico-sportivi regolamentati dalle leggi italiane, available at https://www.fmsi.it/images/pdf/certificati_medico_sportivi/Punto-sui-certificato-medico-sportivi-regolamentato-dalle-leggi-italiane.pdf (accessed 6 June 2026).
[12]Ministero della Salute, "Tutela della salute nelle attività sportive", 23 December 2024, available at https://www.salute.gov.it/new/it/tema/attivita-fisica/tutela-della-salute-nelle-attivita-sportive/ (accessed 6 June 2026).

Disciplines, and sports promotion bodies recognized by CONI (Ministero della Salute, 2024).[13] It also includes individuals participating in activities organized by schools within extracurricular programs, as well as participation in the preliminary phases of the *Giochi della Gioventù* prior to the national competitions (Ministero della Salute, 2024).[14]

Subsequent regulatory developments further refined the medical certification framework governing non-competitive sport, with the original Ministerial Decree of 28 February 1983 later repealed and progressively replaced by subsequent ministerial decrees and legislative measures, notably the Ministerial Decree of 24 April 2013, Decree-Law No. 69 of 21 June 2013 (converted into Law No. 98 of 9 August 2013), Law No. 125 of 30 October 2013, and the Ministerial Decree of 8 August 2014 (Federazione Medico Sportiva Italiana, 2021).[15] Additional interpretative guidance has been provided through subsequent administrative acts, including a CONI circular issued on 10 June 2016 (CONI, 2016).[16] The Ministerial Decree of 8 August 2014 provides that certification requires, at minimum, a medical history (*anamnesis*) and physical examination, including blood pressure measurement, as well as a resting ECG performed at least once in an individual's lifetime (Annex 1). Additional annual ECG assessments are required for individuals over the age of sixty and for subjects presenting medical conditions associated with increased cardiovascular risk (Annex 1 of Ministerial Decree of 8 August 2014). The certificate is mandatory and valid for one year and may be issued not only by specialists in sports medicine, but also by general practitioners and pediatricians affiliated with the National Health Service, as well as by physicians of the Italian Sports Medicine Federation of the CONI (Annex 1 of Ministerial Decree of 8 August 2014). The Interministerial Decree of 28 February 2018 further exempted preschool-aged children (age 0–6) from this requirement, except in specific circumstances.

A separate regulation applies to athletes, coaches, and technical staff who engage in sporting activities on a continuous and remunerated basis (Law No. 91 of 23 March 1981 and Ministerial Decree of 13 March 1995). At present, this framework applies to the Italian National Federations governing football, cycling, golf, and basketball, within which both professional sports clubs and individual professional athletes are affiliated (Federazione Medico Sportiva Italiana, 2021).[17] This system requires the maintenance of an individual medical record that accompanies the athlete throughout their career and is periodically updated.

Medical certification for recreational motor and physical activity is currently voluntary. While certification had previously been required, the regulatory framework was subsequently revised in order to promote participation in physical activity without imposing unnecessary burdens on citizens or the national healthcare system, consistent with broader public health objectives aimed at encouraging sports participation (Federazione Medico Sportiva Italiana, 2021).[18]

Within this medical certification system, the treatment of diabetes is particularly noteworthy. National legislation adopted in the late 1980s on the prevention and management of diabetes mellitus provides that diabetes without complications does not preclude the issuance of a certificate of fitness for non-competitive sports (Law No. 115 of 16 March 1987, Art. 8). With regard to competitive sports, certification may be issued on an individual basis upon presentation of appropriate medical documentation demonstrating adequate metabolic control, effective therapeutic management, and sufficient self-management capacity, as certified by the treating diabetologist or by specialized public healthcare services (Art. 8, paragraph 2). In certain sports, such as motorcycling, athletes with diabetes may be discouraged from participating; however, medical certification is not categorically excluded and may still be granted on the basis of a favorable individual medical assessment (Federazione Motociclista Italiana, 2024).[19]

In summary, this section has shown that Italian sports medicine regulations generally permit individuals with type 1 diabetes to participate in both competitive and non-competitive sport and to obtain the medical certification required for

[13]Ibid.
[14]Ibid.
[15]Federazione Medico Sportiva Italiana. (2021). Il punto sui certificati medico-sportivi regolamentati dalle leggi italiane, available at https://www.fmsi.it/images/pdf/certificati_medico_sportivi/Punto-sui-certificato-medico-sportivi-regolamentato-dalle-leggi-italiane.pdf (accessed 6 June 2026).
[16]Circolare del Comitato Olimpico Nazionale Italiano (CONI), 10 giugno 2016, "Certificazione medica per l'attività sportiva non agonistica", retrieved from: https://www.asiveneto.it/wp-content/uploads/2016/06/Circolare-CONI-Certificati-Medici-10-giugno-2016.pdf (last accessed 5 June 2026).
[17]Federazione Medico Sportiva Italiana. (2021). Il punto sui certificati medico-sportivi regolamentati dalle leggi italiane, available at https://www.fmsi.it/images/pdf/certificati_medico_sportivi/Punto-sui-certificato-medico-sportivi-regolamentato-dalle-leggi-italiane.pdf (accessed 6 June 2026).
[18]Ibid.
[19]Federazione Motociclistica Italiana. (2024). Regolamento sanitario, available at https://www.federmoto.it/wp-content/uploads/sites/2/2021/02/Regolamento-Sanitario.pdf (accessed 6 June 2026).

participation. The following section therefore examines whether the exclusions discussed in this article arise instead from military and public-service eligibility frameworks.

6. Examining access to state-affiliated sports groups for athletes with type 1 diabetes

The exclusion of athletes with type 1 diabetes from accessing Italy's state-affiliated sports groups appears to be rooted in historical legislation governing psycho-physical eligibility for military service. In particular, Royal Decree No. 1401 of 26 September 1930 — *New Lists of Impairments and Illnesses Affecting Physical Fitness for Military Service* — listed diabetes among the "*imperfections*" and illnesses constituting grounds for permanent or temporary unfitness for military service (Art. 5).[20] Although it is difficult to establish whether this represented the first explicit reference to diabetes as a cause of exclusion from military service in Italian law, the decree appears to have provided the basis for many subsequent regulatory frameworks governing military medical eligibility. Over time, regulatory frameworks progressively updated the lists of "*imperfections"* and illnesses relevant to military fitness assessments, including Presidential Decree No. 1008 of 2 September 1985, which continued to include references to diabetes. Both the Royal Decree No. 1401 of 26 September 1930 and the Presidential Decree No. 1008 of 2 September 1985 were subsequently repealed by Legislative Decree No. 66 of 15 March 2010 (Art. 2269). Nevertheless, references to diabetes remained present in later regulations governing military medical eligibility.

The current framework governing military medical eligibility is now contained within the Technical Directive approved by the Ministry of Defense on 4 June 2014, which replaced previous lists and continues to identify type 1 diabetes as a condition constituting grounds for non-eligibility for military service. In this sense, although the regulatory framework has been repeatedly revised and updated over time, with certain laws and legislative decrees even being repealed, diabetes has consistently remained among the listed conditions associated with exclusion. An analysis of recent recruitment procedures, discussed below, further illustrates the grounds upon which athletes continue to be excluded, as well as the extent to which similar barriers persist across both military and civilian state-affiliated sports groups.

In November 2024, for instance, a recruitment call was opened for admission to the Army's sports group (*Esercito*), offering 19 positions for male and female athletes across multiple disciplines, including athletics, fencing, judo, swimming, biathlon, and motorsport (Ministero della Difesa, 2024a).[21] As part of the selection process, candidates were required to provide a valid certificate of fitness for competitive sport issued by an authorized specialist in sports medicine, in line with national regulations. In addition to standard sports-medicine certification, candidates were subject to further medical and aptitude assessments, including specialist examinations and psychological evaluations. The exclusion criteria, outlined in Article 8 paragraph 7, incorporates specific references to the regulatory instruments governing medical unfitness for military service, namely Presidential Decree No. 90 of 15 March 2010 and the previously cited Technical Directive of 4 June 2014, without prejudice to the provisions established by the Decree of the Director General of Military Health of 6 December 2005. On these grounds, metabolic disorders, including diabetes, are identified as conditions that give rise to ineligibility.

Similarly, another example is the December 2024 recruitment call issued by the Air Force (*Aeronautica Militare*) for 14 athlete positions across disciplines including beach volleyball, badminton, winter sports, athletics, and equestrian sports (Ministero della Difesa, 2024b).[22] Article 8 of the call sets out psycho-physical and aptitude requirements and, in paragraph 10, establishes the grounds for ineligibility, which are consistent with the regulatory framework adopted in the previously cited Italian Army (*Esercito*) recruitment call. A comparable approach was observed in a recruitment call issued by the Italian Navy (*Marina Militare*) in October 2024, concerning the selection of 15 athletes (Art. 8), as well as in the recruitment call issued by the *Arma dei Carabinieri* (national gendarmerie) in May 2026 for the selection of 15 athletes in winter sports and athletics (Ministero della Difesa, 2024c; Comando Generale dell'Arma dei Carabinieri, 2026).[23] This latter call highlights in Articles 7 and 8 the required documentation and the psycho-physical assessment procedures establishing that eligibility is determined in accordance with the Technical Directive of 4 June 2014, which results in the exclusion of athletes with diabetes.

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[20]Italian title: *Nuovi elenchi delle imperfezioni e delle infermità riguardanti l'attitudine fisica al servizio militare.*

[21]Recruitment call available through the inPA portal athttps://portale.inpa.gov.it/api/media/79090a0f-633b-481e-b372-a1f6c1620202 (accessed 5 June 2026).

[22]Recruitment call available through the inPA portal at https://portale.inpa.gov.it/api/media/210221eb-45b3-4ad4-aafc-b8f735aa2900 (accessed 5 June 2026).

[23]Italian Navy (Marina Militare) recruitment call available through the inPA portal at https://www.inpa.gov.it/bandi-e-avvisi/dettaglio-bando-avviso/?concorso_id=725836ca0f674f67a9e1c5d4e151c92a (accessed 5 June 2026); Arma dei Carabinieri (national gendarmerie) recruitment call available at https://www.carabinieri.it/docs/default-source/concorsi/2026/ati-26/bando-di-concorso.pdf?sfvrsn=62f11022_0 (accessed 5 June 2026).

Conversely, other recruitment procedures were found to adopt different standards. In a recruitment call published in June 2024 by the Financial Police (*Guardia di Finanza*, *Fiamme Gialle*), Article 12 sets out the criteria for psycho-physical eligibility referencing Ministerial Decree No. 155 of 17 May 2000 and subsequent amendments (Guardia di Finanza, 2024).[24] This decree regulates the assessment of fitness for service in the Financial Police pursuant to Article 1(5) of Law No. 380 of 20 October 1999. An examination of the updated 2015 framework revealed that Annex 1, listing the medical conditions constituting grounds for ineligibility, includes, under point 2, disorders of glucose metabolism. Thus, although diabetes is not explicitly mentioned, it falls within this category and is therefore treated as a condition leading to ineligibility.

A recent December 2025 recruitment call for admission to the State Police sports group (*Polizia di Stato, Fiamme Oro)* provided for the recruitment of 46 athletes in a wide range of disciplines, including athletics, climbing, badminton, artistic gymnastics, and artistic swimming (Ministero dell'Interno, 2025a).[25] In this case, eligibility criteria, defined in Article 7, referred to a separate regulatory framework (Ministerial Decree No. 168 of 9 September 2022, Article 63, Table 4) governing psycho-physical fitness for police service. Notably, diabetes was not explicitly listed among the conditions automatically excluding candidates. Interestingly, the recruitment call referenced a regulatory provision not originally developed for elite athlete recruitment, but rather concerning psycho-physical eligibility for admission to the State Police musical band. This further illustrates the complexity and overlap of the regulatory framework governing access to state-affiliated sports groups, raising questions regarding the clarity and consistency of the grounds upon which athletes with type 1 diabetes may be excluded.

A similar approach was found in the recruitment call published in September 2025 for the selection of seven athletes across disciplines including taekwondo, swimming, and climbing within the sports group of the Firefighters (*Vigili del Fuoco, Fiamme Rosse*) (Ministero dell'Interno, 2025b).[26] In this case, Article 2 of the call outlines the psycho-physical eligibility criteria by referring to Article 3 of Ministerial Decree No. 74 of 20 April 2022 — *Regulation governing the procedures for public competitions for access to the athlete role within the Fiamme Rosse* — pursuant to Article 131 of Legislative Decree No. 217 of 13 October 2005. An examination of this Ministerial Decree showed that psycho-physical eligibility is further defined with reference to Article 3 of Presidential Decree No. 207 of 17 December 2015, which establishes specific physical parameters for candidates, including muscular strength, body composition, and metabolically active mass, all of which must fall within prescribed ranges, without however mentioning specific health conditions, and type 1 diabetes, as causes of ineligibility.

A final example is provided by the recruitment call of the Penitentiary Police *(Polizia Penitenziaria, Fiamme Azzurre)*, published in March 2025, which made available 30 positions across various sports disciplines for both male and female athletes (Ministero della Giustizia, 2025).[27] The criteria relating to psycho-physical and aptitude-based eligibility are set out in Article 2 of the call, which specifies that eligibility is to be assessed in accordance with Articles 122, 124, and 125 of Legislative Decree No. 443 of 30 October 1992, as well as Article 6 paragraph 2 of Presidential Decree No. 207 of 17 December 2015. The grounds for ineligibility, outlined in Articles 2 and 8 of the call, refer to the list of imperfections and illnesses established in Article 123 of Legislative Decree No. 443 of 30 October 1992 — *Staff regulations of the Penitentiary Police* — and as subsequently amended. An examination of this provision indicated that diabetes is not explicitly listed among the causes of exclusion; however, it may fall within paragraph (p), which includes among the exclusion criteria syndromes resulting from altered endocrine gland function.

Finally, it is important to consider developments concerning Paralympic sport within state-affiliated sports groups. In recent years, significant efforts have been made to facilitate access for Paralympic athletes to military and civilian sports groups, driven in large part by advocacy from the Italian Paralympic Committee. These efforts culminated in legislative measures adopted in 2021, which established specific recruitment pathways for Paralympic athletes into various state bodies, including the State Police, the Penitentiary Police, the Guardia di Finanza, and the Armed Forces (Legislative Decree No. 36 of 28 February 2021). As with other state sports groups, access is granted through public competitions, but medical eligibility is assessed according to criteria set by the Italian Paralympic Committee and tailored to the specific Paralympic discipline practiced (Art. 8).

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[24]Recruitment call available through the Concorsi Pubblici portal at https://www.concorsipubblici.com/sites/default/files/contest/2024-10/BandoAllegati.pdf

[25]Recruitment call available through the inPA portal at https://portale.inpa.gov.it/api/media/de31d510-14b8-4d13-bd6e-b02fc044a7dc (accessed 6 June 2026).

[26]Recruitment call available through the inPA portal at https://portale.inpa.gov.it/api/media/0e6c307b-b69d-4a2e-a7c5-ecbaaf19de37 (accessed 6 June 2026).

[27]Recruitment call available through the inPA portal at https://portale.inpa.gov.it/api/media/428fa9ca-3dee-47df-a361-9f4e083d0309 (accessed 6 June 2026).

7. Ethical and regulatory issues with current eligibility regulations & the complexity of the italian system

As illustrated in the previous sections, the Italian regulatory framework governing elite sport represents a highly complex and stratified system, shaped by multiple rules and standards that have developed over time. This layered evolution has produced a fragmented legal and institutional landscape which, in practice, risks excluding athletes with chronic but manageable health conditions, such as type 1 diabetes. As illustrated in Section 6 by the inspection of recent recruitment calls, Italy's system of military and civilian state-affiliated sports groups is characterized by a certain degree of variation. The recruitment calls examined appear to adopt varying approaches to diabetes-related eligibility: while the majority explicitly identify diabetes as a ground for exclusion, others do not. Moreover, the legal bases cited in support of eligibility and exclusion decisions were found to vary across recruitment calls, including regulations specifically developed to govern recruitment and psycho-physical eligibility within specific military or civilian state-affiliated sports groups, as illustrated in the cases of the Penitentiary Police (*Polizia Penitenziaria, Fiamme Azzurre*) and the Firefighters (*Vigili del Fuoco, Fiamme Rosse*). The observed differences may partly reflect the fact that state-affiliated sports groups fall under the authority of different ministries, as some degree of consistency appears among the Italian Army (*Esercito*), Navy (*Marina Militare*), Air Force (*Aeronautica Militare*), and *Carabinieri* (national gendarmerie), all of which fall under the Ministry of Defense. Differences may also be connected to the different operational and professional roles associated with the respective state bodies, such as the distinction between military service and civilian policing functions. However, these interpretations remain speculative and would require further investigation.

When returning to documented cases of athletes excluded from accessing state-affiliated sports groups due to type 1 diabetes, such as the previously discussed case of Anna Arnaudo, their inability to access professional sport funding is not the result of health-based exclusion imposed by sports federations or sports medical authorities, nor is it related to athletic performance. Indeed, neither the national governing body for athletics, the Italian Athletics Federations (FIDAL), nor the international federation, World Athletics, maintains eligibility rules that exclude athletes with type 1 diabetes from competition. Likewise, not even within the Italian national context can an athlete with type 1 diabetes be deemed ineligible to compete in sports. Rather, the barrier arises from the institutional structures through which many Italian athletes obtain financial support and sustain a professional sporting career.

This situation gives rise to an almost paradoxical outcome. An athlete may be deemed medically fit to compete at elite or professional level under sports-medicine standards, yet simultaneously be considered ineligible to join a state-affiliated sport group on the basis of military medical criteria. What is crucial to clarify once again, however, is that athletes recruited into military sports groups are formally assessed according to military eligibility requirements rather than sports-medicine standards. As a result, an athlete who is fully eligible to compete under sports medicine regulations, may still be classified as medically unfit for military service.

This divergence, we argue, reflects the fundamentally different rationales underlying the two regulatory frameworks. In the context of sports medicine, eligibility assessments are primarily concerned with safeguarding the athlete's health and ensuring that participation does not pose medical risks (Ministero della Salute, 2024). In contrast, military medical eligibility is oriented toward assessing an individual's suitability for public service, including potential operational duties related to national security and the protection of others. One framework does not replace or invalidate the other; rather, each responds to distinct institutional objectives.

To clarify our position, a rule excluding individuals with type 1 diabetes from military service *may* be defensible within the context of military requirements. However, we argue that such rule becomes problematic when access to unrelated opportunities, such as the ability to pursue a professional sports career, is made contingent upon military eligibility. In such cases, the consequences of a rule designed for one institutional context spills-over into another domain, where the justification for such rule may no longer hold. In this sense, the system ties access to an opportunity to a criterion that is unrelated to the activity itself, thus functioning as a barrier to professional sports participation. While this article does not aim to assess whether such medical standards are justified within the context of military service, their application to athletes produces unintended consequences within the sporting system. Such rules, specifically, risk producing disproportionate and discriminatory outcomes as well as raising questions on equal opportunities between individuals with and without health conditions and the alignment between sport governance, medical eligibility requirements and certificates, and state-supported funding systems.

Discrimination on the basis of disability is prohibited under several international and European legal instruments, including the 2006 Convention on the Rights of Persons with Disabilities (CRPD), under Article 21(1) of the 2012 Charter of Fundamental Rights of the European Union, and under Articles 10 and 19 of the 2012 Treaty on the Functioning of the European Union. In particular, Article 27(g) of the CRPD recognizes the right of persons with

disabilities to work on an equal basis with others. It requires States Parties to prohibit discrimination in all matters concerning employment, including recruitment, hiring, career advancement, and working conditions, and to "*employ persons with disabilities in the public sector*". More specifically, within the Italian legal context, the exclusion of athletes with type 1 diabetes from state-affiliated sports groups may be in tension with constitutional principles. Articles 3, 4, and 35 of the Italian Constitution (1947) enshrine the principles of equality and non-discrimination, the right to work, and the protection of labor in all its forms. However, the historical foundations of these exclusionary provisions which athletes with type 1 diabetes face predate the entry into force of the Italian Constitution.

Moreover, the continued reliance on such provisions fails to account for major developments in medical knowledge and diabetes management. Since the discovery of insulin in 1921, medical understanding and treatment of diabetes have advanced substantially, including the development of digital insulin delivery technologies capable of recording dosage, timing, and administration history, and, more recent developments and increased accessibility—at least within the Italian healthcare context—of continuous glucose monitoring systems and insulin pumps (Sims et al., 2021; Bender, Vestergaard & Cichosz, 2025). Collectively, these developments have significantly transformed both the management of the condition and the ability of individuals with type 1 diabetes to participate safely in high-performance sport, while also enabling them to participate fully in society and pursue a wide range of professions.

The situation of Anna Arnaudo also raises a broader ethical question regarding the responsibilities of the State toward athletes who represent the country in national and international sport. If an athlete contributes to national sporting success, it may seem problematic for the same institutional system to simultaneously place structural barriers to their professional development. Moreover, if sport is understood as a domain committed to inclusion, public funding structures should aim to ensure that athletes with manageable health conditions are not placed at a structural disadvantage compared to their peers. In this sense, the issue concerns not only the recognition of sporting achievement — athletes like Arnaudo, Gaetani, and Rizzardi have already proven their ability to compete at the highest level — but also the provision of equal opportunities for individuals with and without medical conditions to pursue elite sport careers.

Further complexity arises from the existence of Paralympic state-affiliated sports groups and their associated recruitment frameworks. Current regulations leave a regulatory grey area for athletes with chronic but manageable health conditions, such as Arnaudo, who do not fall within the scope of Paralympic sport yet are also not fully accommodated within able-bodied sport under military recruitment rules. While this layered structure adds to the overall complexity of the system, the regulatory framework governing Paralympic athletes is nonetheless instructive, as it demonstrates that differentiated and role-specific recruitment pathways within state-affiliated sports groups are both feasible and already operational.

8. Conclusions & future recommendations

This article has examined the barriers faced by athletes with type 1 diabetes in Italy in accessing state-affiliated sports groups, exploring the legal, medical, regulatory, and ethical dimensions of such exclusions. Access to such groups is not merely symbolic. For many athletes, it represents a crucial source of financial support, employment stability, and opportunities for athletic development. The proposed legislative reform (DDL S. 1276) represents therefore an important and welcome step toward addressing a long-standing source of exclusion affecting athletes with type 1 diabetes.

Our analysis suggests a highly complex and layered regulatory landscape, characterized by overlapping decrees and legal frameworks, multiple governing bodies with body-specific eligibility frameworks, and a combination of medical certification regimes and military eligibility requirements. Importantly, our analysis also shows that diabetes is not uniformly treated across state-affiliated sports groups: while some, such as the State Police (*Polizia di Stato, Fiamme Oro*) and the Firefighters (*Vigili del Fuoco, Fiamme Rosse*), do not explicitly list it as a ground for exclusion, others do so on the basis of differing regulatory frameworks.

The exclusionary provisions currently in place predate significant medical advances in type 1 diabetes management and the Italian Constitution itself. In this light, their continued application raises serious ethical concerns. Moreover, these exclusions appear to stem in part from the dual role attributed to athletes within state-affiliated groups — as both competitors and members of the military — leading to a problematic spillover effect whereby restrictions justified in one context extend to another where they may no longer be appropriate. In this regard, greater clarity is needed regarding the roles that athletes recruited into state-affiliated sports groups are expected to perform, especially during their sporting careers. In particular, it remains important to determine whether individuals are recruited primarily to train and compete as elite athletes or whether they are also expected to undertake operational military functions. To the best of our knowledge and based on the publicly available information examined in this article, athletes affiliated with these groups appear to be recruited primarily to train and compete at elite level rather than to perform active operational duties during their sporting careers. This distinction and clarification is highly relevant when assessing the proportionality of type 1 diabetes-related

exclusions, as the justification for such restrictions may depend on the actual duties associated with the role in question rather than on athletic participation itself. In this sense, a more coherent and sound regulatory approach would differentiate eligibility criteria based on the role performed.

Future attention should also be given on how eligibility criteria are implemented in practice, particularly within state-affiliated bodies that appear to adopt more permissive approaches toward athletes with diabetes, as observed in the recruitment calls of the State Police (*Polizia di Stato, Fiamme Oro*) and the Firefighters (*Vigili del Fuoco, Fiamme Rosse*). In this regard, it would be important to investigate whether such more permissive approaches toward athletes with diabetes are genuinely reflected in practice and whether these remain limited to specific recruitment calls. Clarifying the former is particularly important given the risk that exclusion may continue to operate not only through formal rules, but also through informal assumptions, institutional practices, or broader forms of stigma associated with type 1 diabetes.

At the same time, it is also important to note that athletes with type 1 diabetes appear to occupy a regulatory gray area. While alternative pathways to join such state-affiliated sport groups exist for certain categories of athletes, most notably within the Paralympic system, athletes with chronic but manageable conditions such as type 1 diabetes often fall between existing frameworks. As a result, they may face exclusion from important sources of funding, employment stability, and institutional support not because of any inability to perform successfully as athletes, but because current regulations do not adequately accommodate their particular circumstances. More broadly, the findings of this article also point to the need for greater coordination between ministries, state-affiliated bodies, sports institutions, and medical authorities involved in regulating athlete eligibility.

Our work has an important limitation that must be acknowledged. Specifically, our analysis was limited to a selection of recruitment calls and does not constitute an exhaustive examination of all recruitment procedures over time. Consequently, it is possible that additional regulatory provisions, recruitment practices, or institutional variations were not captured by the present analysis. The findings should therefore be interpreted as illustrative rather than exhaustive.

As far as the authors are aware, no previous scholarly work has specifically examined the exclusion of athletes with type 1 diabetes from Italy's state-affiliated sports groups. As such, this article contributes to a largely unexplored area of research. Its novelty lies not only in the subject matter addressed, but also in its approach, which combines the analysis of concrete cases of exclusion, recent recruitment procedures, legal and regulatory frameworks, and ethical considerations. Furthermore, the involvement of an athlete directly affected by these policies as a co-author provides an additional perspective that helps ground the analysis in lived experience.

Ultimately, this article underscores an often-overlooked dimension of eligibility in sport: participation in elite sport is not determined solely by the rules established by sport federations or national medical committees, but also by institutional and funding structures that shape who can realistically pursue a professional athletic career. In this sense, even where federations impose no formal restrictions on medical grounds, barriers to funding and institutional support may effectively limit athletes' ability to compete.

Ethics and consent

Ethical approval and consent were not required.

This study did not involve the collection of personal data, interviews, or human participant research. All cases discussed are based on publicly available information. In addition, Anna Arnaudo (AA), whose case is examined in the article, is a co-author of this manuscript.

AI Statement

All ideas and arguments presented in this article are the authors' own. AI tools, namely ChatGPT (OpenAI, GPT-4/GPT-5 series) and Microsoft Bing Copilot (Microsoft, GPT-5-based model), were used solely to improve the readability and clarity of the text. This included rewording sentences, improving structure, and correcting grammar and language issues. No AI tools were used to generate the ideas, arguments, analysis, or conclusions presented in this assignment. All AI-generated suggestions were reviewed and verified by the authors prior to inclusion in the manuscript.

Supplementary material

Not Applicable.

Data and software availability statement

Not Applicable. No datasets were generated for this article. The article is based on publicly available legal, regulatory, and policy documents, which are cited throughout the manuscript. This article does not report or analyze research data. The article is based on publicly available legal, regulatory, and policy documents. All sources used are cited within the manuscript. No datasets were generated, collected, or deposited in a repository for the purposes of this work.

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This is a timely and potentially impactful essay addressing an underexplored issue at the intersection of sports medicine, employment, regulation, and equal access to elite sport. The manuscript's central observation is compelling: athletes with type 1 diabetes (T1D) may be considered medically eligible for competitive sport under Italian sports-medicine regulations while simultaneously being excluded from state-affiliated sports groups because of military or public-service eligibility criteria.
The manuscript is generally well written and extensively documented. I also consider the inclusion of an athlete directly affected by these regulations as a co-author a strength, provided that the distinction between personal experience and documentary evidence remains clear. Nevertheless, I believe that several aspects require clarification or strengthening before the article can fully support its conclusions.

Major comments

1. The medical/sports-medicine component should be substantially strengthened.
The manuscript convincingly reconstructs the regulatory discrepancy, but provides relatively limited discussion of the contemporary medical evidence concerning T1D and high-level sport. This is important because one of the central arguments is that historical exclusion criteria may no longer reflect modern diabetes management. The authors mention continuous glucose monitoring and insulin-delivery technologies, but the discussion would benefit from a more clinically grounded synthesis of current evidence regarding exercise-related hypoglycaemia/hyperglycaemia, glucose monitoring, insulin adjustment, and the feasibility of safe participation in elite sport.
Importantly, I would avoid replacing one categorical criterion with another. For example, eligibility based primarily on a fixed HbA1c threshold would be difficult to justify clinically. HbA1c alone does not adequately characterize glucose variability, hypoglycaemia burden, severe hypoglycaemic events, awareness of hypoglycaemia, or an athlete's ability to manage glucose during prolonged or high-intensity exercise. A modern approach would more appropriately emphasize **individualized risk assessment**, potentially incorporating CGM-derived metrics, history of severe

hypoglycaemia, diabetes-related complications, treatment technology, self-management capacity, and sport-specific demands.

2. The manuscript should distinguish more clearly between fitness for sport and fitness for military/public-service duties.
This distinction is actually one of the strongest conceptual elements of the article. The authors correctly recognize that military medical eligibility and sports-medicine eligibility serve different purposes and explicitly state that they are not attempting to determine whether exclusion from military service itself is justified.
However, the argument occasionally shifts from this nuanced position toward implying that exclusion is intrinsically outdated because T1D is manageable. I suggest maintaining a stricter distinction throughout the manuscript. The key question is not necessarily whether a person with T1D should satisfy every medical requirement applicable to unrestricted operational military personnel, but whether **those requirements are proportionate and relevant to the actual duties performed by an athlete recruited specifically into a sports group**.
This distinction would considerably strengthen the manuscript and avoid extending the conclusions beyond the evidence reviewed.

3. The actual occupational role of athletes within these organizations is crucial and remains insufficiently established.
The authors themselves recognize this limitation, stating that publicly available information suggests that these athletes are primarily recruited to train and compete rather than perform operational duties. However, this point is fundamental rather than ancillary.
If recruited athletes may subsequently be required to perform unrestricted military/police duties, the rationale for applying general occupational medical standards becomes substantially different. Conversely, if their effective role is primarily athletic, applying medical standards developed for operational personnel becomes much harder to justify.
I therefore encourage the authors either to provide stronger documentary evidence concerning the duties, training requirements, deployment obligations, and post-athletic employment status of these athletes, or to explicitly frame this uncertainty as a major limitation of the analysis.

4. The methodology for selecting recruitment calls requires greater transparency.
The authors explicitly state that the search was selective rather than systematic and covered a limited number of calls from 2024–2026. This is acceptable for an essay, but it limits statements regarding the prevalence and consistency of exclusion across institutions.
A concise table would substantially improve the manuscript. I suggest summarizing, for each state-affiliated sports group: governing ministry/body; recruitment call/year; applicable medical regulation; whether T1D/diabetes/glucose-metabolism disorders are explicitly mentioned; whether exclusion appears automatic or potentially discretionary; and whether a specific athlete pathway exists.
This would make one of the manuscript's principal findings—the fragmentation of the regulatory system—immediately understandable and independently assessable.

5. Greater caution is required when moving from “not explicitly listed” to “more permissive”.
For the State Police and Firefighters, the authors report that diabetes is not explicitly mentioned as an exclusion criterion. However, absence of explicit wording does not necessarily establish that athletes with T1D are eligible in practice.
The authors acknowledge this uncertainty later, noting that actual recruitment practices need

further investigation. I recommend applying this caution consistently throughout the manuscript, including the Abstract and Conclusions. These frameworks should perhaps be described as **“not explicitly excluding T1D in the regulations examined”** rather than as “more permissive” unless actual recruitment outcomes can be documented.

6. The legal/ethical claims should remain appropriately calibrated.
The discussion concerning discrimination, the CRPD, EU law, and the Italian Constitution is interesting and relevant. However, the manuscript is primarily a regulatory/ethical analysis rather than a formal legal assessment. Statements suggesting that existing regulations are discriminatory should therefore be carefully distinguished from the stronger and more defensible conclusion that they **raise concerns regarding proportionality, equal opportunity, and potential discrimination**.
This is particularly important because occupational medical restrictions may potentially have legitimate aims when they are proportionate to actual job requirements. The manuscript's strongest argument is therefore not that any differential treatment based on T1D is necessarily discriminatory, but that the proportionality of blanket exclusion deserves reconsideration when the individual's primary function is elite athletic performance.

7. The recommendations could become more concrete.
The discussion currently supports legislative reform but could offer a clearer model for what an updated system should look like. Rather than simply removing diabetes from exclusion criteria, the authors could propose a framework based on: individual assessment rather than diagnosis alone; separation of athletic-role fitness from unrestricted operational fitness where appropriate; contemporary diabetological assessment; periodic reassessment; and clearly defined criteria applicable consistently across state-affiliated groups.
This would make the paper more constructive and considerably strengthen its policy relevance.

Minor comments
The title is informative but rather long and could potentially be shortened. The Introduction could also be slightly condensed, particularly the general discussion of financial support and athlete vulnerability, allowing the manuscript to reach the specific Italian/T1D problem earlier.
The description of Italian sports medical certification is accurate and useful, although some of the detailed discussion of non-competitive and recreational certification appears peripheral to the central question. The manuscript could be tightened by focusing primarily on competitive/elite sport and moving some regulatory detail to supplementary material.
The case of Anna Arnaudo is particularly informative, but statements regarding the broader consequences of exclusion for athletes with T1D should be clearly identified as hypotheses when they are extrapolated from individual cases. The manuscript itself acknowledges that the documentary sample is illustrative rather than exhaustive.
Finally, some minor language editing would be beneficial (e.g., “in order to **pursue** her career” rather than “peruse her career”), together with standardization of capitalization in section headings and terminology such as “state-affiliated sports groups”.

Please consider the following references
- diabetes and sports:https://pubmed.ncbi.nlm.nih.gov/34592073/
- sport eligibility in italy: https://pubmed.ncbi.nlm.nih.gov/39435618/

Is the topic of the essay discussed accurately in the context of the current literature?

Yes

Is the work clearly and cogently presented?
Yes

Is the argument persuasive and supported by appropriate evidence?
Yes

Does the essay contribute to the cultural, historical, social understanding of the field?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Sports medicine

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

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The authors deeply outline and analyze an important condition that occurs in Italy.
They consider eligibility for entry into state-affiliated sports groups in Italy, pointing out an apparent contradiction between sports medicine (which considers type I diabetes a condition that allows participation in normal sports challenges) and entry barriers for those enrolled in military or para-military corps.

I completely agree with the authors' dissertation, and I also agree that there is a need for updated legislation.

One possible way out of the "gray zone" where athletes with type I diabetes, would be to consider how type I diabetes is managed, because the possible rationale for excluding people from the army is the possible side and detrimental effects of diabetes; but, being a professional athlete, it

will not be the situation; to strengthen it, I would suggest adding [Ref 1] where authors show that if nutrition, training and insulin administration are well regulated, a top level athlete could have a value of HbA1c below 6 that it could be considered normal even for a healthy person; so in the future eligibility could be granted if HbA1c is controlled, but it would be easy for a professional athlete.

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Is the topic of the essay discussed accurately in the context of the current literature?

Yes

Is the work clearly and cogently presented?

Yes

Is the argument persuasive and supported by appropriate evidence?

Yes

Does the essay contribute to the cultural, historical, social understanding of the field?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Sports nutrition

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however we have significant reservations, as outlined above.