



FY2025 NDAA: Medical Standards to Join the Military

Updated January 29, 2025

Background

Congress has established broad qualifications that individuals must meet in order to join the military (i.e., *military accession*). By statute, a secretary of a military department may enlist “qualified, effective, and able-bodied persons” (10 U.S.C. §505(a)), or appoint individuals seeking a commission in the military who are “physically qualified for active service” (10 U.S.C. §532(a)). [Department of Defense \(DOD\) Instruction 6130.03, Volume 1](#), implements these authorities through the establishment of “common medical standards for appointment, enlistment, or induction of personnel” into the military. The policy generally requires individuals considered for entry in the military to be “free of contagious diseases” and free of certain “medical conditions or physical defects,” “medically capable” to perform military trainings and duty without “aggravating existing physical defects or medical conditions,” and “medically adaptable to the military environment without geographical area limitations.”

[DOD policy](#) also lists over 400 medical conditions that otherwise disqualify individuals from military service. Some of these conditions may be waived under certain circumstances.

During ongoing deliberations on a National Defense Authorization Act for Fiscal Year 2025 (FY2025 NDAA), some Members of Congress have expressed interest in DOD’s medical standards and processes used to evaluate an applicant’s fitness for military service.

Table 1 lists proposed and enacted provisions related to accession medical standards included in the House-passed (H.R. 8070, 118th Congress), Senate Armed Services Committee (SASC)-reported (S. 4638, 118th Congress), and enacted (P.L. 118-159) versions of the FY2025 NDAA.

Table I. FY2025 NDAA Legislative Proposals

House-passed H.R. 8070	Senate Armed Services Committee-reported S. 4638	Enacted P.L. 118-159
No similar provision.	Section 597 would have required the Under Secretary of Defense for Personnel and Readiness to implement a two-year pilot program that utilizes reserve component medical personnel to support the United States Medical Entrance Processing Command (USMEPCOM) to accelerate medical record reviews.	Section 534 adopts the Senate provision with an amendment that requires the Secretary of Defense, not later than 120 days after enactment, to implement a program to utilize active or reserve component medical personnel to support USMEPCOM and accelerate the review of medical records.
No similar provision.	Section 597A would have directed the Secretary of Defense to provide the congressional defense committees a review of military accession standards and ongoing plans to modify those standards. The provision would also require, among other items, the review to describe modifications made by the Medical Accession Records Pilot (MARP) and a plan to expand the MARP to review other medical accession standards.	Section 535 adopts the Senate provision with an amendment that requires the Secretary of Defense to notify the House and Senate armed services committees at least one year prior to terminating the Medical Accession Records Pilot program.
No similar provision.	Section 726 would have required the Secretary of Defense to submit to Congress a plan to reduce recruitment processing delays associated with DOD's electronic health record systems. The provision would also establish accessions time processing requirements.	Section 738 adopts the Senate provision with an amendment that removed the requirement to develop a plan to address recruitment delays and requires annual reporting for three years.
No similar provision.	Section 745 would have required the Secretary of Defense to implement a two-year pilot program and issue policy guidance allowing the secretaries of the military departments to delegate medical waiver authority to USMEPCOM for certain disqualifying medical conditions.	Section 740 adopts the Senate provision with an amendment that limits the scope of the pilot program to recruits for the reserve component and limits the number of medical conditions that may be waived under the delegated authority to no more than three.

Source: CRS analysis of legislation on Congress.gov.

Discussion

Since 1973, the U.S. military has been an [all-volunteer force](#), requiring each service to actively recruit and retain servicemembers to meet annual end-strength goals. Over the past five years, the services have experienced “[complex and multifaceted](#)” challenges with meeting these goals resulting from

- strong economic conditions,
- a smaller pool of eligible individuals,
- generational shifts in perspective on traditional life and career paths and trust in government institutions, and
- decreased [desire to serve](#).

In a December 2023 House Armed Services Committee (HASC), Subcommittee on Military Personnel hearing, a [DOD official stated](#) that the services missed their “recruiting goals by approximately 41,000 recruits ... in part because of the difficult recruiting environment.” The services have implemented certain mitigation strategies to improve recruitment, including changes to [aptitude score thresholds](#), [initial drug testing procedures](#), [preparatory training](#), and [recruiting workforce](#).

Some observers contend that changes to the medical accession standards could also help mitigate existing recruitment challenges. For example, some observers have proposed relaxing certain standards to reflect “[societal health trends](#)” or to [tailor standards to certain occupational requirements](#). On the other hand, [some research has shown](#) “reduced rates of medical discharge when policies are tightened and corresponding cost savings to DoD in the millions of dollars.”

Some [Members of Congress have expressed concern](#) with the medical screening process and the length of time to adjudicate medical waivers. According to DOD data provided to CRS, as of January 2024, the services reported the following average processing times for medical waivers:

- Army: 83 days.
- Navy: 5-6 days.
- Marine Corps: 12 days.
- Air Force: 95 days.

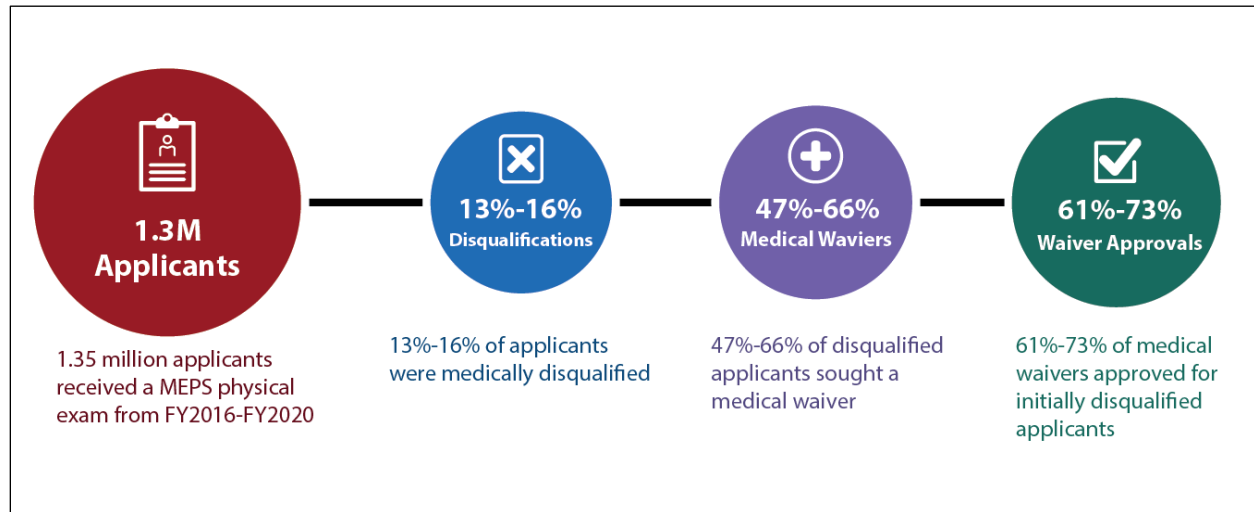
In 2023, the [DOD Inspector General found](#) that the services “could improve the medical waiver process by tracking data,” update relevant policies to reflect implementation and use of DOD’s new electronic health record (i.e., [MHS Genesis](#)), and enhance communication and training on medical screening processes with the military recruiters.

Medical Screening and Waivers

[Military Entrance Processing Stations](#) (MEPS) screen and determine fitness for service based on DOD and service-specific standards. This process includes a [medical prescreening](#), [accession medical examination](#), and [medical qualification determination](#). Based on this determination, applicants may be deemed medically qualified or disqualified to be enlisted or appointed into military service. Medically disqualified applicants may end their pursuit to join the military, or submit a [request to waive the medical standards](#) to a [Service Medical Waiver Review Authority](#). The applicant’s military recruiter normally facilitates the request, which may require an applicant to submit additional information and medical documentation.

DOD’s [Accession Medical Standards Analysis and Research Activity](#) (AMSARA) reported that between FY2016 and FY2020, [1.35 million applicants received a MEPS medical examination](#). **Figure 1** shows the proportion of those applicants who were medically disqualified, requested a medical waiver, and subsequently received a medical waiver.

Figure I. Military Applicants and Medical Waivers
FY2016-FY2020



Source: CRS graphic based on analysis of DOD AMSARA, *2022 Annual Report*, 2022.

Notes: AMSARA disaggregates medical disqualification and waiver data by service. The range of percentages represents the low and high proportions by military service. For example, 47% of disqualified applicants for the Army and 66% of disqualified applicants for the Navy sought a medical waiver.

AMSARA also reported that during the same period, [the most common reasons for a medical disqualification](#) were eye and vision disorders, musculoskeletal conditions, and psychiatric disorders.

Legislation

The enacted bill adopts the four Senate provisions (with each amended) that address different aspects of the medical accession standards or the medical screening process. In addition to these enacted provisions, in H.Rept. 118-529, the [HASC expressed concern](#) that DOD’s medical accession standards

may not be taking into consideration decreasing societal stigma in seeking behavioral health services and may be negatively impacting the military services’ ability to recruit individuals to serve. Despite increased awareness of how common—and treatable—most mental health issues are, a past diagnosis of depression, anxiety, or other disorders along with the medications to treat these disorders may disqualify a would-be recruit or require them to seek a waiver.

The committee also directed the Secretary of Defense to provide a briefing by March 1, 2025, on which “treatments, conditions, and medications” should be reevaluated to ensure a “fair and reasonable pathway to accession to service” and related policy recommendations. [The committee stated](#) that

medical standards for accession into the Armed Forces are being evaluated in accordance with section 545 of the National Defense Authorization Act for Fiscal Year 2024 ([Public Law 118–31](#)) and will result in necessary updates. The committee also recognizes that there is a waiver process for most medical accession standards and encourages the Department of Defense to also consider such waivers for certain pre-accession conditions, including amputees.

In October 2024, DOD submitted its first quadrennial report to Congress on “[Improvements to Medical Standards for Accession to Certain Armed Forces](#),” which was required by [Section 545](#) of the FY2024 NDAA. The report stated that “changes to the waiver process will be considered in light of the multiple efforts currently underway.” DOD also specified that the “existing authorities and review process is sufficient to manage and improve medical accession standards and waiver processes,” and that “no additional legislative action is recommended.”

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