









Table: Comparison of U.S. Territories and Freely Associated States

Jurisdiction	Flag	Political Status	U.S. Citizens?	Vote for U.S. President?	Reside/Work/Travel in U.S.?	Medicaid/Medicare Eligible	Serve in U.S. Military
Puerto Rico		Territory	Yes	No	Yes	Yes, capped	Yes
USVI		Territory	Yes	No	Yes	Yes, capped	Yes
Guam		Territory	Yes	No	Yes	Yes, capped	Yes
American Samoa		Territory	No (U.S. Nationals)	No	Yes	Yes, capped	Yes
CNMI		Territory	Yes	No	Yes	Yes, capped	Yes
RMI		Sovereign (except military)	No	No	Yes	No (migrants in U.S.: yes, 2021)	Yes
FSM		Sovereign (except military)	No	No	Yes	No (migrants in U.S.: yes, 2021)	Yes
Palau		Sovereign (except military)	No	No	Yes	No (migrants in U.S.: yes, 2021)	Yes

American Samoa

14.2710° S, 170.1322° W



Capital: Pago Pago

Population: 45,553

Demonym: American Samoan

Predominant Language: Samoan, English

Time Zone: Samoa Standard (EST-6, EDT-7—American Samoa does not observe daylight saving time)

Member Agency: American Samoa Department of Public Health

American Samoa is a United States territory in the western Pacific. It lies on the same side of the international date line as the continental U.S.

Government

The U.S. president is considered the head of state and the governor is the head of government. While American Samoa is a U.S. territory, its residents are U.S. nationals instead of U.S. citizens; however, neither citizens nor nationals of U.S. territories vote in federal elections or pay federal taxes.

Geography

American Samoa is geographically isolated from the rest of the U.S.-Affiliated Pacific Islands (USAPI): the territory is located in the southern region of the Pacific (Polynesia), while the rest of the USAPI are in the northern region (Micronesia).

American Samoa maintains significant ties with the independent nation of Samoa, which is only a thirty-minute flight west, across the international date line. Because of their cultural and historical links, Samoans share a special affinity for their “brothers and sisters” in the U.S. territory of American Samoa; nearly one-third of American Samoa’s workforce hails from Samoa, and the two jurisdictions engage in frequent cultural exchange.

Healthcare and Facilities

American Samoa’s healthcare system is administered and subsidized by the government. American Samoa has a Department of Public Health and a Hospital Division; these operate as two separate systems. American Samoa has one hospital, the LBJ Tropical Medical Center, which is a 128-bed general acute care hospital, and five primary health centers.

American Samoa operates a Medicaid program to support care for low-income residents. Territorial Medicaid programs are underfunded relative to the states. Unlike state Medicaid programs, territorial Medicaid programs have (1) a cap on total federal contributions and (2) a federal funding match set by law rather than based on per-capita incomes. Learn more about the need for equitable Medicaid funding for the territories via ASTHO’s Permanent, Sustainable Medicaid Funding for U.S. Territories Policy Statement.

Key Priorities

American Samoa, like the rest of the Pacific, faces a noncommunicable diseases crisis and a significant communicable disease burden. According to the 2018-2022 Country Cooperation Strategy, American Samoa, in partnership with the World Health Organization, is working to:

- Improve health policy development mechanisms.
- Identify emerging and re-emerging diseases.
- Implement effective interventions to decrease the burden of chronic diseases related to unhealthy lifestyles, especially cardiovascular disease, cancer, and diabetes mellitus.

Disease Burden

As of 2019, heart disease, diabetes, and stroke were the top three health issues for the islands.

Commonwealth of the Northern Mariana Islands

15.0979° N, 145.6739° E



Capital: Saipan

Population: 51,473

Demonym: Northern Mariana Islander

Predominant Language: Chamoru, English, Carolinian

Time Zone: Chamoru Standard (EST +15, EDT +14—CNMI does not observe daylight saving time)

Member Agency: Commonwealth Healthcare Corporation

The Commonwealth of the Northern Mariana Islands (CNMI) is a U.S. territory in the western Pacific that lies on the other side of the international date line from the continental U.S. It has a close relationship with neighboring Guam, the southernmost island in the Mariana Islands archipelago. Beyond the cultural and historic ties between the two U.S. territories, Guam and CNMI also share infrastructure, such as the Atisa and Mariana-Guam submarine cables.

Government

The U.S. president is considered head of state, while the commonwealth's governor is the head of government.

Legally, CNMI is a commonwealth rather than a territory, which is a slightly different relationship with the United States than many of the other island areas. One example of the uniqueness of the relationship is repercussions for program eligibility—CNMI residents are eligible for supplemental security income, while residents of the other territories are not.

Healthcare and Facilities

In 2009 the CNMI government re-formed its Department of Public Health into an autonomous government corporation, the Commonwealth Healthcare Corporation (CHCC). CHCC handles both public health services and acute care (hospital and clinic administration).

There is one hospital in CNMI, the Commonwealth Healthcare Corporation Hospital, an 86-bed, Medicare-certified hospital that is co-located with the health department. CHCC has satellite health centers on the islands of Tinian, Rota, and Kagman. Patients requiring specialty services are often referred off-island for care to either Honolulu or the Philippines.

CNMI operates a Medicaid program to support care for low-income residents. Territorial Medicaid programs are underfunded relative to the states. Unlike state Medicaid programs, territorial Medicaid programs have (1) a cap on total federal contributions and (2) a federal funding match set by law rather than based on per-capita incomes. Learn more about the need for equitable Medicaid funding for the territories via ASTHO's Permanent, Sustainable Medicaid Funding for U.S. Territories Policy Statement.

Key Priorities

- The development of a reorganization plan with clear lines of reporting and authority.
- A recruitment and retention plan for public health workers.
- A service plan code of ethics.
- A facility plan.
- Full implementation of electronic health records.

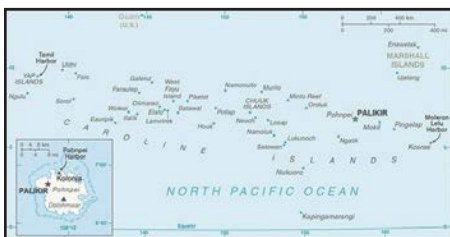
Disease Burden

Like the rest of the Pacific, CNMI faces a noncommunicable diseases crisis and a significant communicable disease burden. The top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Lung cancer

Federated States of Micronesia

7.4256° N, 150.5508° E



Capital: Palikir

Population: 101,009

Demonym: Micronesian

Predominant Language: Chuukese, Yapese, Kosraen, Pohnpeian, English

Time Zone: Ponape Standard Time in Palikir, Pohnpei, Kosrae (EST +16, EDT +15) Chuuk Time in Yap (EST +15, EDT +14—FSM does not observe daylight saving time)

Member Agency: FSM Department of Health and Social Affairs

The Federated States of Micronesia (FSM) is an independent nation in the western Pacific. The nation consists of four states (Yap, Chuuk, Kosrae, and Pohnpei), which wield significant power, alongside the national FSM government. FSM lies on the other side of the date line from the continental U.S.

Relationship With the United States

Following WWII, FSM was placed under the administration of the U.S. by the United Nations as part of the Trust Territory of the Pacific Islands. FSM adopted its constitution in 1978, then in 1986, FSM entered into a Compact of Free Association (COFA) with the United States.

Under the Compact, the U.S. government agreed to provide economic and technical assistance (including significant funding for health), ensure U.S. military defense support, and allow unrestricted travel to and from the United States for these non-resident Micronesian citizens. In return, FSM agreed to give the U.S. government unlimited and exclusive use of their land, airspace, and waterways for strategic purposes.

Financial assistance, as currently structured within the FSM Compact, extends through 2023. FSM receives significant funding for health and health system development through the Department of the Interior, which administers Compact funding. It is also eligible for some U.S. federal programming, including grants from the U.S. Department of Health and Human Services.

Healthcare and Facilities

FSM's health department is fairly decentralized, with a National Division of Health based in Pohnpei and state-level Departments of Health that wield significant power. The National Division of Health has a Secretary of Health, Assistant Secretary of Health, and national program managers and coordinators. Yap, Chuuk, Kosrae, and Pohnpei each have a Department of Health led by Directors of Health and Deputy Directors of Health. Each state has one government-run hospital, with small clinics throughout the outer islands staffed by either full-time or part-time health assistants. No hospital in FSM provides tertiary care; patients are referred off-island to Honolulu or the Philippines for specialized care.

FSM residents are not eligible for Medicaid. FSM migrants who meet Medicaid thresholds within their state of residence in the continental U.S. are eligible for Medicaid. A key source of funding for healthcare provision in FSM is financial assistance through the Compacts of Free Association, which supports hospital care in FSM. Read more about COFA funding via ASTHO's Fully Fund the Renegotiated Compacts of Free Association and Reduce Compact Impact in U.S. Territories and States Policy Statement.

Key Priorities

In the 2016 ASTHO Profile report, FSM Ministry of Health highlighted five key priorities:

- Addressing the decreasing funding in the Compact of Free Association.
- Chronic disease.
- An aging health workforce.
- Putting qualified students into health and medical fields.
- Upgrading the quality of medical care in the country.

Disease Burden

Like the rest of the Pacific, FSM faces a noncommunicable diseases crisis and a significant communicable disease burden. The top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- HIV/AIDS

Guam

13.4443° N, 144.7937° E



Capital: Hagåtña

Population: 169,086

Demonym: Guamanian

Predominant Language: Chamoru, English, Filipino

Time Zone: Chamoru Standard (EST +15, EDT +14—Guam does not observe daylight saving time)

Member Agency: Guam Department of Public Health and Social Services

Guam is an unincorporated U.S. territory in the western Pacific. It lies on the other side of the international date line from the continental U.S. For context, Guam is approximately eight hours, by plane, west of Hawaii. Guam's history and relationship with the United States has been profoundly influenced by the U.S. military, more so than the other islands in the region.

Government

The U.S. president is considered the head of state, while the governor of Guam is the head of government.

Healthcare and Facilities

Health services in Guam are organized by four independent agencies, including the Department of Public Health and Social Services, the Department of Mental Health and Substance Use, the Department of Vocational and Rehabilitative Services, and Guam Memorial Hospital Authority. Guam has two main hospitals for citizens and one naval hospital for military families.

Guam operates a Medicaid program to support care for low-income residents. Territorial Medicaid programs are underfunded relative to the states. Unlike state Medicaid programs, territorial Medicaid programs have (1) a cap on total federal contributions and (2) a federal funding match set by law rather than based on per-capita incomes. Learn more about the need for equitable Medicaid funding for the territories via ASTHO's Permanent, Sustainable Medicaid Funding for U.S. Territories Policy Statement.

Key Priorities

In the 2016 ASTHO Profile report, Guam's Department of Health highlighted these priorities:

- Address the elimination of noncommunicable diseases.
- Increase outreach to uninsured, underinsured, indigent, and high-risk groups for nursing services.
- Continue education programs for family planning, childhood mental health, and abstinence.

Disease Burden

Like the rest of the Pacific, Guam works to address significant noncommunicable and communicable disease burdens. Top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Lung cancer

Puerto Rico

18.2208° N, 66.5901° W



Capital: San Juan

Population: 3,098,423

Demonym: Puerto Rican

Predominant Language: Spanish, English

Time Zone: Atlantic Standard (EST +1, EDT +0—Puerto Rico does not observe daylight saving time)

Member Agency: Departamento de Salud de Puerto Rico

The Commonwealth of Puerto Rico is an unincorporated U.S. territory in the northeast Caribbean Sea.

Like the residents of the other Island Areas, Puerto Ricans lack full voting representation in Congress. They typically do not pay federal taxes on income earned on the island, they do not have the same eligibility for some federal programs as those in the states, and they cannot vote in presidential elections, although they may vote in party primaries.

Culturally, Puerto Rico closely resembles Latin America, including a predominately Spanish-speaking population.

Government

The U.S. president is considered head of state, while the governor of Puerto Rico is the head of government.

Healthcare and Facilities

The public institutions of the health sector in Puerto Rico are part of the “umbrella” Department of Health. It consists of the Department of Health, the Substance Abuse and Mental Health Services Administration, the Puerto Rico Medical Services Administration (which provides health services and education and conducts research), the Cardiovascular Center of Puerto Rico and the Caribbean, and the Correctional Health Program.

Puerto Rico operates a Medicaid program to support care for low-income residents. Territorial Medicaid programs are underfunded relative to the states. Unlike state Medicaid programs, territorial Medicaid programs have (1) a cap on total federal contributions and (2) a federal funding match set by law rather than based on per-capita incomes. Unlike the other territories, in which the match rates are permanently set at 83%, Puerto Rico’s federal funding match is 76% and only guaranteed through 2027, after which point it could revert to an even lower match rate of 55%. Learn more about the need for equitable Medicaid funding for the territories via ASTHO’s Permanent, Sustainable Medicaid Funding for U.S. Territories Policy Statement.

Key Priorities

In the 2016 ASTHO Profile report, Puerto Rico Department of Health highlighted these priorities:

- Improve resource acquisition and management to optimize health impact.
- Strengthen the infrastructure to support sustainable collaboration.
- Institutionalize the use of health information technology.

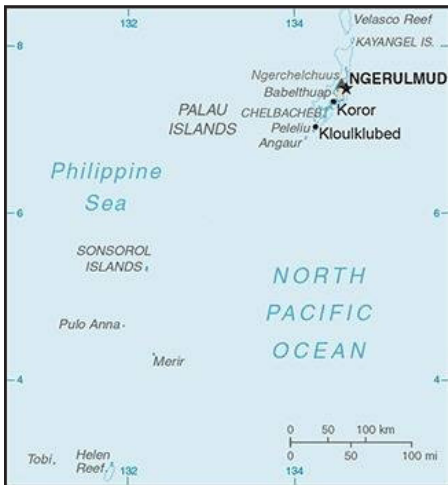
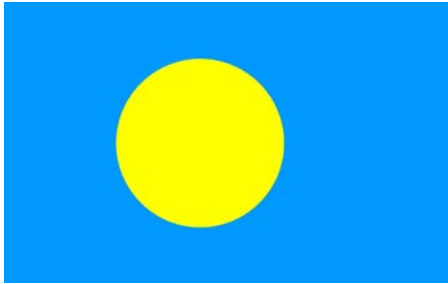
Disease Burden

Like the Pacific jurisdictions, Puerto Rico works to address a significant noncommunicable and communicable disease burden. The top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Alzheimer’s disease

Republic of Palau

7.5150° N, 134.5825° E



Capital: Ngerulmud

Population: 21,696

Demonym: Palauan

Predominant Language: Palauan, English

Time Zone: Palau Standard Time (EST +14, EDT +13—Palau does not observe daylight saving time)

Member Agency: Palau Ministry of Health and Human Services

The Republic of Palau is an independent nation in the western Pacific. It lies on the other side of the date line from the continental United States.

Relationship with the United States

Following WWII, Palau was placed under the administration of the U.S. by the United Nations as part of the Trust Territory of the Pacific Islands. In 1981, a constitution was adopted, and the country became internally self-governing. Palau entered into a Compact of Free Association with the United States that came into full effect in 1994.

Under the Compact, the U.S. government agreed to provide economic and technical assistance (including significant funding for health), ensure U.S. military defense support, and allow unrestricted travel to and from the United States for these non-resident Palauan citizens. In return, Palau agreed to give the U.S. government unlimited and exclusive use of their land, airspace, and waterways for strategic purposes. Financial assistance, as currently structured within the Palau Compact, extends through 2024.

Palau receives significant funding for health and health system development through the Department of the Interior, which administers Compact funding, and is also eligible for some U.S. federal programming, including grants from the U.S. Department of Health and Human Services.

Healthcare and Facilities

The Palau Ministry of Health has four bureaus: the Bureau of Public Health Services (which includes Divisions of Environmental Health, Oral Health Services, Primary and Health Services, and Behavioral Health), the Bureau of Hospital and Clinical Services (oversees Belau National Hospital), the Bureau of Nursing (oversees both public health and clinical services nurses), and the Bureau of Hospital Administration and Support Services. Palau has one hospital: the Belau National Hospital, a modern, well-equipped, American-style hospital, located on Koror. The hospital can be reached from most regions of the country within two hours.

Palau residents are not eligible for Medicaid. Palau migrants who meet Medicaid thresholds within their state of residence in the continental U.S. are eligible for Medicaid. The Compact funding is not a significant source of healthcare funds in Palau.

Key Priorities

In the 2016 ASTHO Profile report, the Palau Bureau of Public Health defined its top five priorities as:

- Strategic planning
- Workforce development
- Health promotion
- Surveillance and data capacity building
- Research and policy development

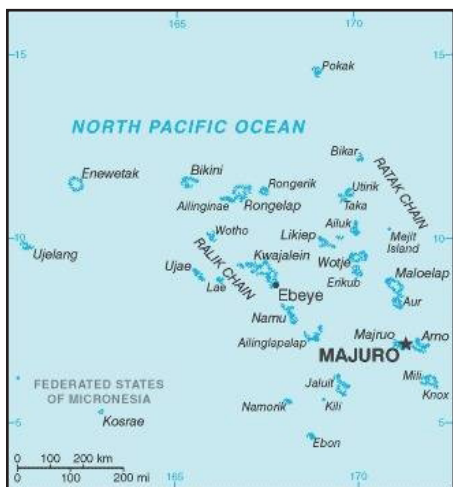
Disease Burden

Like the rest of the Pacific, Palau faces a noncommunicable disease crisis and a significant communicable disease burden. The top causes of death in 2019 were:

- Ischemic heart disease
- Lower respiratory infection
- Diabetes
- Chronic kidney disease
- Stroke

Republic of the Marshall Islands

7.1315° N, 171.1845° E



Capital: San Juan

Population: 79,906

Demonym: Marshallese

Predominant Language: Marshallese, English

Time Zone: Marshall Islands Time (EST +17, EDT +18—RMI does not observe daylight saving time)

Member Agency: RMI Ministry of Health and Human Services

The Republic of the Marshall Islands (RMI) is an independent nation in the western Pacific that lies on the other side of the international date line from the continental U.S.

Relationship with the United States

Following WWII, RMI was placed under the administration of the U.S. by the United Nations as part of the Trust Territory of the Pacific Islands. RMI adopted its constitution in 1979, and in 1986, RMI entered into a Compact of Free Association with the United States.

Under the Compact, the U.S. government agreed to provide economic and technical assistance (including significant funding for health), ensure U.S. military defense support, and allow unrestricted travel to and from the United States for these non-resident Marshallese citizens. In return, RMI agreed to give the U.S. government unlimited and exclusive use of their land, airspace, and waterways for strategic purposes. Financial assistance as currently structured within the RMI Compact extends through 2023.

RMI receives significant funding for health and health system development through the Department of the Interior, which administers Compact funding, and is also eligible for some U.S. federal programming, including grants from the U.S. Department of Health and Human Services.

Healthcare and Facilities

The RMI health care system is comprised of two hospitals, one in Majuro and one in Ebeye, and fifty-nine (59) health care centers in the outer atolls and islands. Both hospitals provide primary and secondary care but limited tertiary care. Patients who need tertiary care are referred to Honolulu or the Philippines. The Ministry of Health is divided into eight bureaus, including Bureaus of Health Care Services, Kwajalein Health Care Services, Majuro Hospital Services, Nursing Services, Office of Administration Personnel & Finance, Oral Health, Health Planning/Policy/Preparedness/Epidemiology, and a Medical Referral Office.

RMI residents are not eligible for Medicaid. RMI migrants who meet Medicaid thresholds within their state of residence in the continental U.S. are eligible for Medicaid. A key source of funding for healthcare provision in FSM is financial assistance through the Compacts of Free Association, which supports hospital care in FSM. Read more about COFA funding via ASTHO's Fully Fund the Renegotiated Compacts of Free Association and Reduce Compact Impact in U.S. Territories and States Policy Statement.

Key Priorities

In the 2016 ASTHO Profile report, the RMI Ministry of Health defined its top five priorities as:

- Address tuberculosis (TB), including multi-drug resistant TB.
- Eradicate leprosy.
- Reduce noncommunicable diseases and their major risk factors.
- Protect against vaccine-preventable diseases.
- Fight childhood malnutrition.

Disease Burden

Like the rest of the Pacific, RMI faces a noncommunicable disease crisis and a significant communicable disease burden. Top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Lower respiratory infection
- Chronic obstructive pulmonary disease

U.S. Virgin Islands

18.3358° N, 64.8963° W



The U.S. Virgin Islands (USVI) are a group of islands and an unincorporated U.S. territory in the Caribbean Sea. It lies on the same side of the international date line as the continental U.S.

It is composed of the islands of St. Thomas, St. John, St. Croix, Water Island (sometimes not represented in maps and publications), and several dozen smaller islands.

Government

The U.S. president is considered head of state, while the USVI governor is the head of government.

Healthcare and Facilities

The Department of Health functions as both the state regulatory agency and the territorial public health agency for USVI. The Department of Health provides primary care and emergency medical services. It offers health promotion and preventive medicine programs, including maternal and child health, family planning, environmental sanitation, mental health, and drug and substance abuse prevention. The Department of Health is organized into four divisions, which collectively contain 34 activity centers that carry out health services and programs: the Office of the Commissioner, the Division of Fiscal Affairs, the Division of Administrative Services and Management, and Preventative Health Services.

The USVI operates a Medicaid program to support care for low-income residents. Territorial Medicaid programs are underfunded relative to the states. Unlike state Medicaid programs, territorial Medicaid programs have (1) a cap on total federal contributions and (2) a federal funding match set by law rather than based on per-capita incomes. Learn more about the need for equitable Medicaid funding for the territories via ASTHO's Permanent, Sustainable Medicaid Funding for U.S. Territories Policy Statement.

Key Priorities

In the 2016 ASTHO Profile report, the USVI Department of Health prioritized the following:

- Implementing activities to address health equity.
- Recruiting to build their workforce capacity.
- Improving their Zika response.

Disease Burden

Like other Island Jurisdictions, USVI works to address significant noncommunicable and communicable disease burdens. Top causes of death in 2019 were:

- Ischemic heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Prostate cancer



Capital: Charlotte Amalie

Population: 105,413

Demonym: Virgin Islander

Predominant Language: English

Time Zone: Atlantic Standard
(EST +1, EDT +0—USVI does not observe daylight saving time)

Member Agency: U.S. Virgin Islands
Department of Health