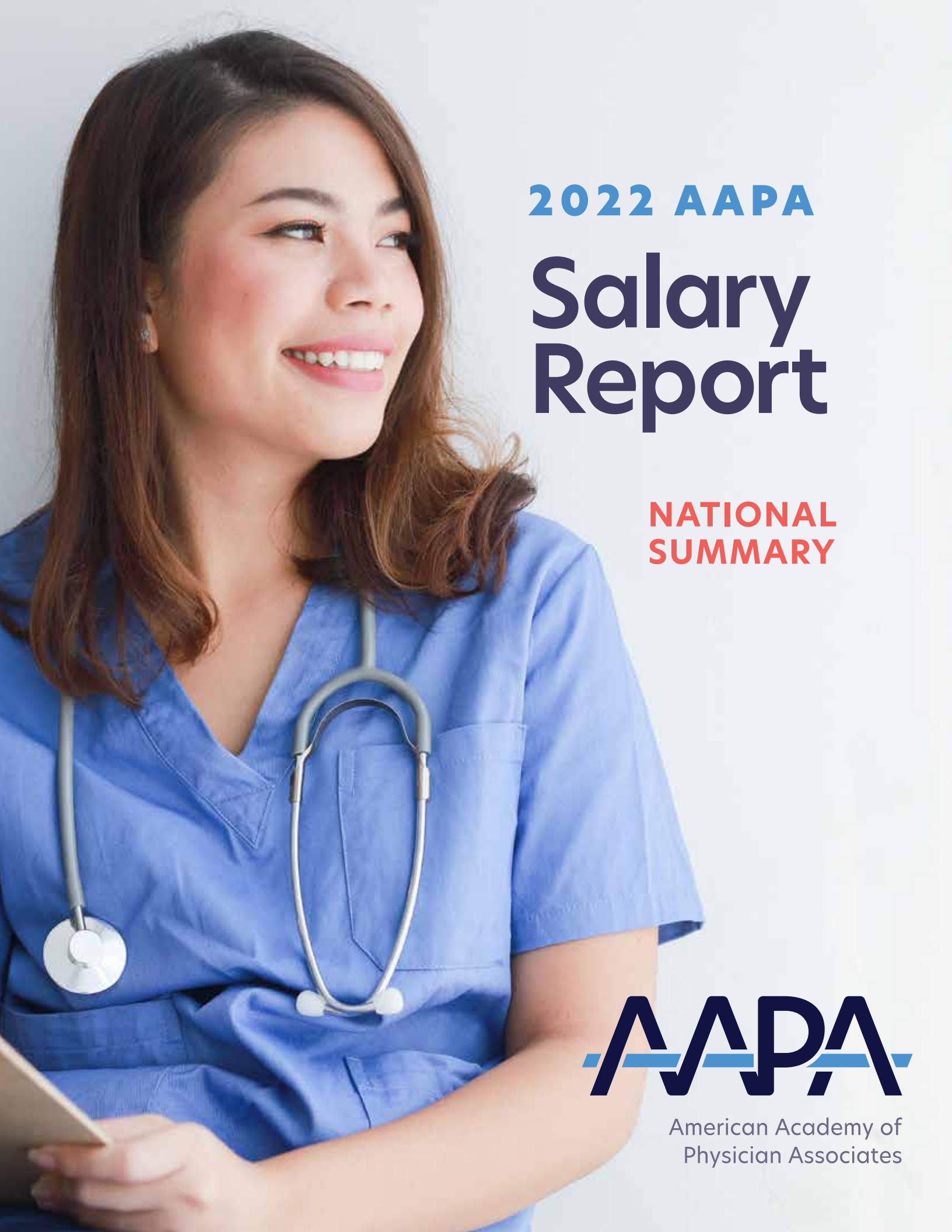

2022 AAPA Salary Report

NATIONAL SUMMARY

American Academy of Physician Associates

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A Word From the CEO

Dear PAs and Future PAs,

Professions across the country are starting to rebound from the impacts of the COVID-19 pandemic. According to the Bureau of Labor Statistics, wages and salaries increased 4.5% across the private sector over the last year. Likewise, PAs saw gains in both salary and benefits in response to their efforts during these unprecedented times. Your hard work and dedication are reflected in the high-quality care you provide to patients every day.

The 2022 AAPA Salary Report reflects the ways PAs responded to, and grew from, the challenges posed by COVID-19. No matter how much your day-to-day practice has evolved and adapted over the last two years, this report can help you advocate for yourself and for your profession. Some of the trends reported by the more than 10,000 PAs who responded to the 2022 AAPA Salary Survey include the following:

- After decreasing slightly in 2020, PA median compensation increased from $110,000 to $115,000 in 2021.
- Professional development funds provided to PAs from their primary employers are starting to rebound back to their pre-pandemic levels.
- PAs continued to navigate the staffing challenges related to COVID-19. While 70.5% reported no change in hours, approximately 88% said their team experienced staffing shortages during the last year.
- Serving in leadership positions led to increased PA compensation, with those in formal leadership positions reporting a median compensation of $129,911, and those in informal leadership roles reporting a median compensation of $117,000.
- 4.4% of PAs reported working locum tenens either as their primary job or in addition to their primary position.
- More than six out of 10 PAs (61.4%) continued to use telehealth or telemedicine services within their practice, consistent with 2020 usage (62.8%).

There are more insights reflecting 2021 changes in the 2022 AAPA Salary Report. AAPA produces the only PA compensation resource providing information about base salary and base hourly wage across a variety of groups, including specialty area, work setting, employer type, and years of experience. This is important information for PAs to have, particularly when negotiating a contract. In addition, the AAPA Salary Report provides data on bonuses, separate from base salary and wages, as well as fringe benefits, such as professional development funding.

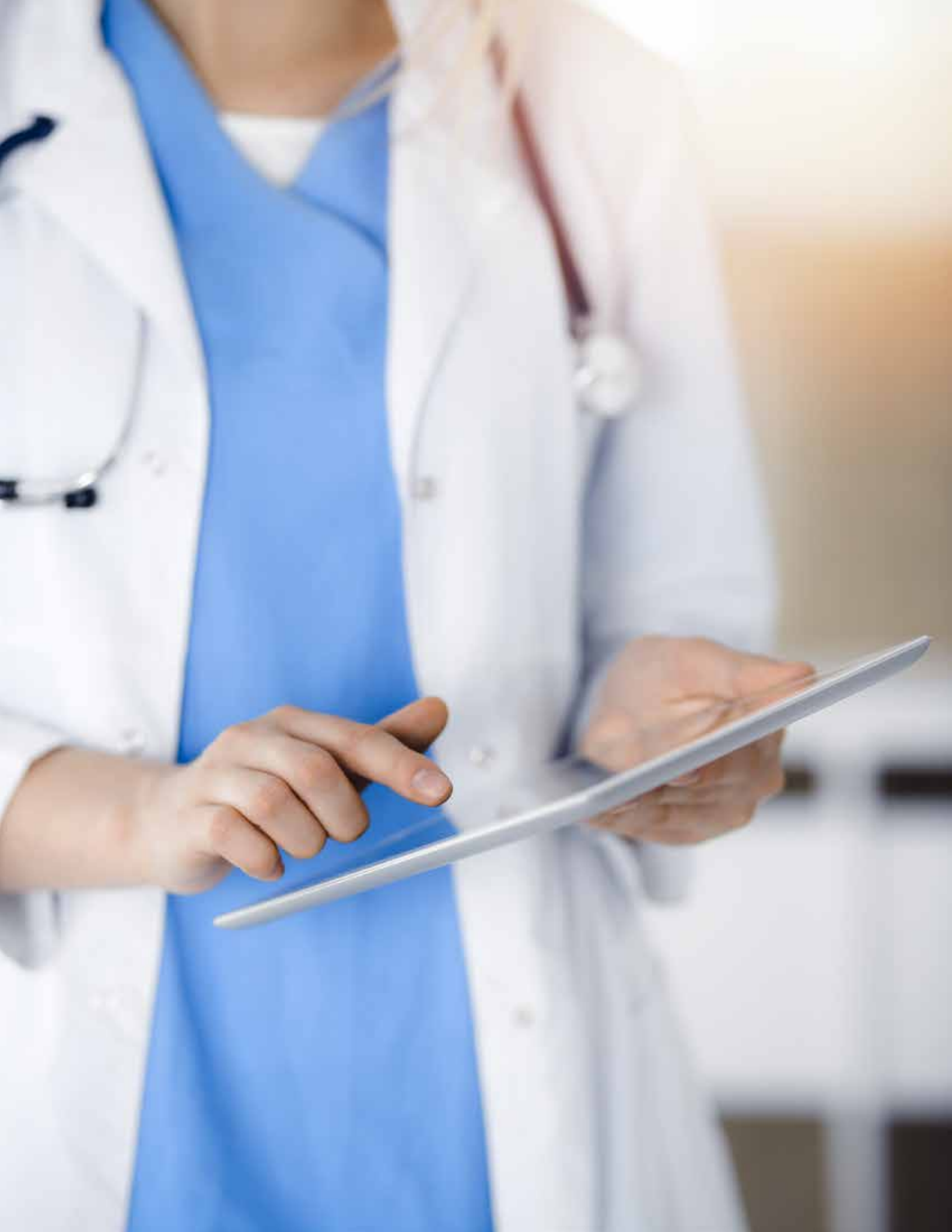
We hope the 2022 AAPA Salary Report will provide you with invaluable insight as you navigate our ever-changing healthcare marketplace.

Feel free to contact the AAPA Research Department with feedback or questions.

Sincerely,

Lisa M. Gables

Lisa M. Gables, CPA
CEO, AAPA



Methodology

Data for 2022 AAPA Salary Report were collected via the 2022 AAPA Salary Survey between Jan. 27 and March 7, 2022. The survey was open to all non-retired PAs (physician assistants/associates) in the United States (U.S.) via internet and social media. In addition, PAs were sent a link via email if AAPA had their information on file, they had not opted out of communication from AAPA Research, were based in the U.S., and were not retired. A total of 11,739 PAs responded to at least some of the questions in the 2022 AAPA Salary Survey, resulting in a margin of error of +/- 0.85% at the 95% confidence level. However, response rates and margins of error vary by section and breakout. For example, 10,514 PAs completed a majority of the survey, leading to a shift in margin of error to +/- 0.90% at the 95% confidence level for some tables in the report. Other sections and breakouts may have different margins of error depending on the number of responses.

To be included in the compensation section of the 2022 AAPA Salary Report, respondents must have worked 32 hours or more per week in 2021 and have been based in the U.S. The primary reason for exclusion of respondents from this report was their omission of hours worked, or if they worked fewer than 32 hours per week. Table 2 of the report includes limited data on PAs who worked fewer than 32 hours per week. For more customizable reporting options on data from the Salary Survey, please visit the AAPA Digital Salary Report.

Due to insufficient data, only national-level information is available in the 2022 Salary Report for PA participation in profit sharing plans, modes of profit-sharing compensation, and the amounts of additional forms of employer compensation. These data have been presented in prior versions of the Salary Report, with state breakdowns in Table 29 (Participation in Profit Sharing Plans at Primary Employer by State), Table 30 (Mode of Profit From Primary Employer by State), and Table 31 (Amount of Additional Forms of Compensation From Primary Employer by State). These tables can be viewed in the 2022 Digital Salary Report; however, they reflect data collected in 2020 originally published in the 2021 AAPA Salary Report.

Given the continued impact of the COVID-19 pandemic throughout 2021, the survey included a series of questions on various elements of work that were impacted as a direct result of COVID-19. For example, we asked PAs how the pandemic affected their base pay and fringe benefits like professional development, paid time off, and receiving a bonus. This enabled us to perform additional analyses to quantify the impact of the pandemic. In this report, compensation and benefits are reported regardless of COVID-19's impact on them.

AAPA has identified two sources to help benchmark PA salary data: the National Commission on Certification of Physician Assistants (NCCPA) and the U.S. Bureau of Labor Statistics (BLS). Chart 1 compares the methodology used by the three organizations. The main differences are:

- NCCPA reports total PA income averaged over time. Compensation data from NCCPA includes self-reported PA income from all sources and across employers, including bonuses, call, profit sharing, and shift differentials. NCCPA collects compensation data in $10,000 ranges rather than exact figures. The midpoint of this range is used for calculations and given that it reflects "all income" some PAs may report their bonus as part of this number.

- BLS data are reported by employers for a given point in time, averaged over several years, and adjusted based on changes in wage over time. These data also annualize hourly wages as if recipients were working 40-hour weeks over a full year. BLS is a good resource for PAs who are interested in what PAs in major metropolitan areas earn from a single employer or those looking for wage estimates based on employer-reported wages. It is important to note the BLS compensation estimate was produced by BLS using data collected in the May 2021, November

2020, May 2020, November 2019, May 2019, and November 2018 semiannual panels. Three of these six panels occurred before the COVID-19 pandemic, so only the more recent survey panels reflect changes related to the COVID-19 pandemic. Therefore, any increase or decrease as a result of COVID-19 may be masked.

- AAPA is the only PA compensation resource providing information about base salary and base hourly wage across a variety of groups including specialty area, work setting, employer type, and years of experience. This is particularly important information for a PA to have when negotiating a contract. Additionally, AAPA's report provides data on bonuses, separated out from base salary and wages, as well as fringe benefits. This level of specificity is crucial to fair salary and contract negotiations with a current or potential employer.

CHART 1. Summary of Data Collection Methods

	AAPA	NCCPA	BLS
Data year	Calendar year 2021	Rolling collection from Jan. 1, 2018 to Dec. 31, 2020	Rolling collection over three years, with adjustments based on over-the-year wage change
Who is included	PAs, including clinicians, educators, administrators, and researchers	Certified PAs	Clinically practicing PAs, full-time and part-time, not self-employed; not employed by the U.S. government (civilian or military)
Sampling	PAs in the U.S. whom AAPA Research could contact via email, online channels, and/or social media	PAs who updated their NCCPA profile between Jan. 1, 2018 and Dec. 31, 2020	Employed PAs sampled in a wide range of employment settings
Reporting	Self-reported	Self-reported	Employer-reported
What is included in "compensation"	Base salary or productivity compensation, as well as hourly wage (annualized for certain analyses). Not included, but reported separately: bonuses, on-call pay, profit sharing and more	Previous calendar year's total gross income from all PA positions. Data are collected in ranges of $10,000, beginning at "under $40,000." Midpoints of ranges are used to calculate median and mean.	Base hourly/annual rates from employer. Hourly wage is multiplied by 2,080 to produce an annual wage for year-round, full-time employees.
Level of detail	Salary, hourly wage, bonus, fringe benefits, and annualized wages	Annual compenation	Hourly and annualized wages
Area detail	National, state	National, state	National, state, metropolitan statistical area
Breakouts available	Overall, specialty, experience, setting, employer type, and more	Overall, specialty	Overall, industry
Median compensation	$115,000	$115,000	$121,530

Note: Note: More information is available on the organizations' websites: aapa.org, nccpa.net, and bls.gov/oes/oes_ques.htm. The listed Bureau of Labor Statistics compensation estimate was produced by BLS using data collected in the May 2021, November 2020, May 2020, November 2019, May 2019, and November 2018 semiannual panels. Three of these six panels occurred before the COVID-19 pandemic, so only half of their survey panels would reflect changes in occupational proportions related to the COVID-19 pandemic.

NOTES ON THE PRESENTATION OF THE DATA

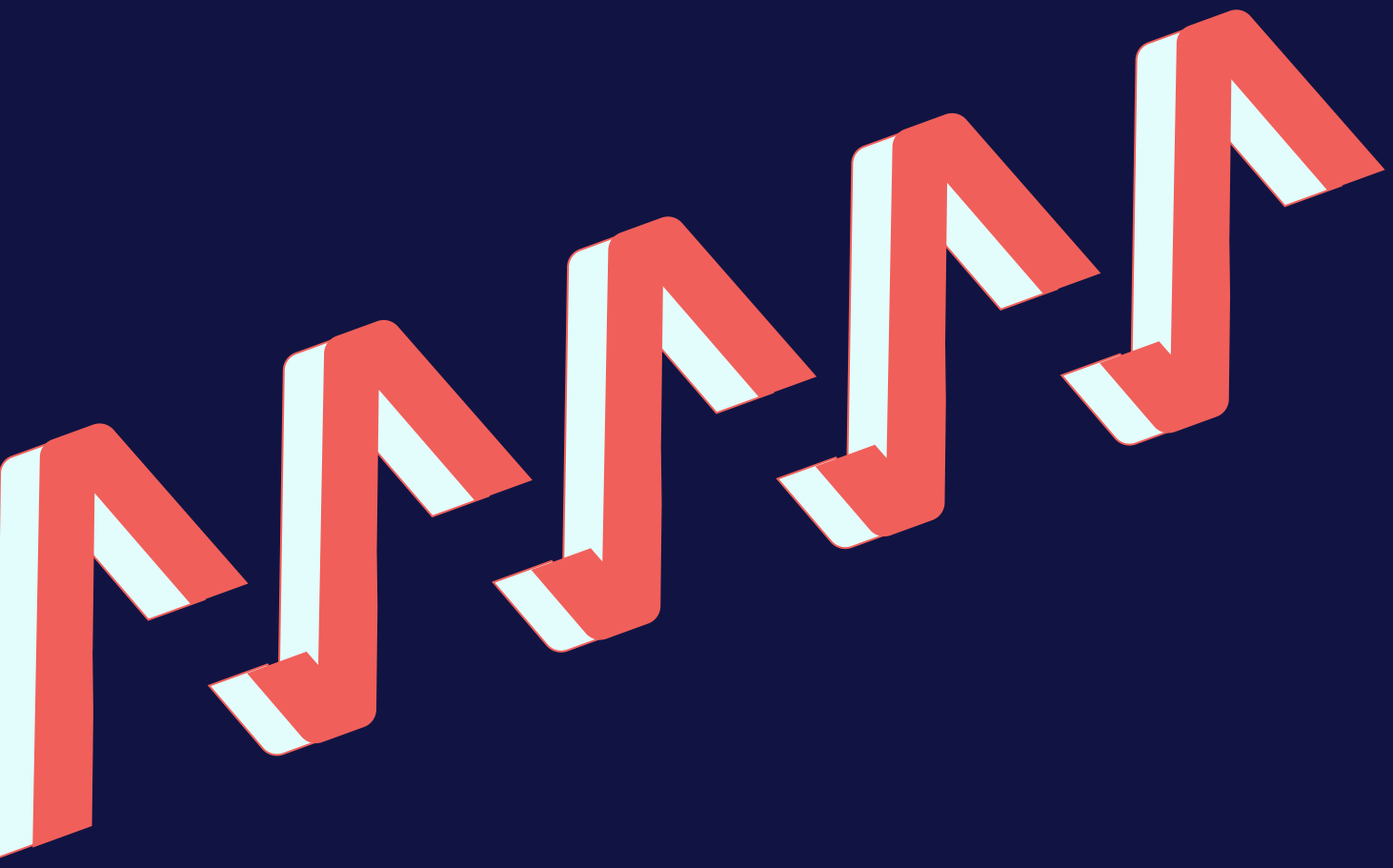
In the tables that follow:

- Only data points based on five or more respondents are displayed. Even when data are masked, all applicable data are used in calculations.
- "Compensation" is often used in the National Summary of the Salary Report, and refers to annual compensation, regardless of compensation type. These numbers include PAs who are paid a base salary, paid based on productivity, or paid an hourly wage. For hourly PAs, wages were annualized based on hourly wage, hours worked weekly, and weeks worked per year. "Compensation" does not include bonus pay or other fringe benefits. This information can be found separately in the data tables.
- "Base salary" refers to the fixed annual income from a PA's primary employer. It was collected using the survey question, "What was your base salary from your primary employer in the past year?"
- "Bonus" refers to variable annual income based on production incentives, milestone achievements, or other performance-based criteria. It was collected using the question, "What was the amount of your bonus at your primary employer in the past year?"
- "Hourly wage" refers to the hourly rate of pay from a PA's primary employer. It was collected with the question, "What was your hourly wage from your primary employer in the past year?" Hourly wages were annualized to ensure parity across compensation types.
- "Years of experience" refers to a range of years between the year data was collected and the year a PA graduated.
- "Median" earnings are those at the 50th percentile, i.e., half of responses are equal to or above the median and half are equal to or below the median.
- "N" refers to the number of respondents for a given question, table, or breakout.
- Portions of the survey methodology and notes, as well as descriptions of the PA profession, charts, figures, and tables, will resemble prior editions of the AAPA Salary Report series. All numbers and statistics are reflective of the 2022 AAPA Salary Survey, the PA profession, compensation, and benefits in calendar year 2021.

ABOUT THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES (AAPA)

AAPA is the national membership organization for all PAs (physician associates/physician assistants). PAs are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. PA has been named one of the best jobs overall, one of the best STEM jobs, and one of the best healthcare jobs for the fifth year in a row by U.S. News & World Report. Learn more about the profession at aapa.org and engage through Facebook, LinkedIn, Instagram, and Twitter.

SUMMARY OF NATIONAL FINDINGS



Who Are PAs?

PAs are medical professionals who are certified nationally and licensed within a state to practice medicine. PAs are in all 50 states and the District of Columbia, as well as in U.S. territories. PAs have been part of the American healthcare system for more than 50 years. Educated at the graduate level as medical generalists, PAs practice in every medical and surgical specialty and setting. PAs are unique in that they can change medical specialties without a need for added formal education or training. The boundaries of each PA's scope of practice are determined by several parameters: education and experience, state law, policies of employers and facilities, and the needs of the patients at the practice. PAs practice medicine in teams with physicians and other healthcare professionals.

As clinicians, PAs obtain medical histories, perform physical examinations, diagnose and treat illnesses, order and interpret lab tests, assist in surgery, prescribe medications, coordinate care, provide patient education and counseling, and make rounds in hospitals and other inpatient facilities. As educators, PAs train the nation's future healthcare providers in 287 PA programs across the country, both in didactic and clinical education. As researchers, PAs investigate the issues that will affect the workforce and health policy in ways to move the profession forward. As administrators, PAs are on the front lines, leading a changing healthcare landscape and contributing to a more collaborative, team-based system.

PAs are educated in rigorous, nationally accredited graduate medical programs comprised of didactic classes, laboratory instruction, and clinical rotations. To enter PA school, students must possess a bachelor's degree and typically have previous healthcare experience. Completion of a PA program typically takes 26 months and covers three academic years. Phase one is the didactic phase with instruction in the basic medical and clinical sciences, including anatomy, physiology, pathology, microbiology, pharmacology, behavioral sciences, medical ethics, and clinical medicine. The second phase includes at least 2,000 hours of clinical rotations in all major specialties of medicine, including internal medicine, surgery, pediatrics, women's health, emergency medicine, psychiatry, and family medicine.

YOUR PA CAN

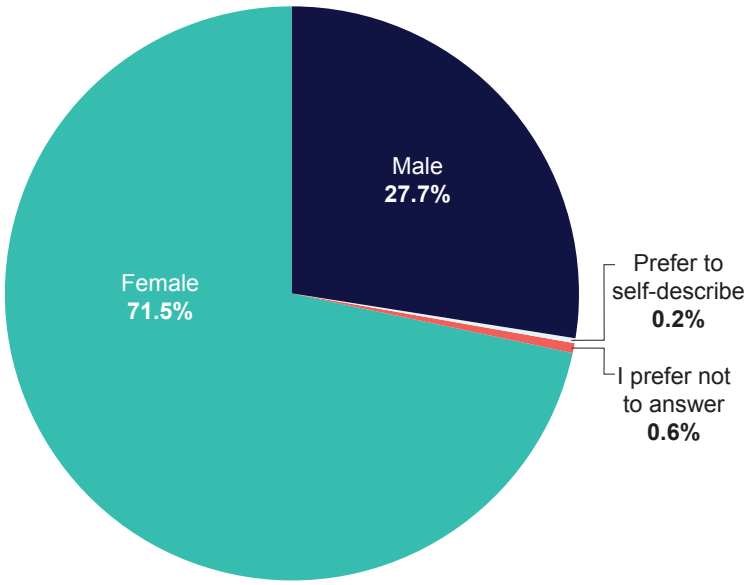
PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

Graduates of PA programs must pass a national PA certifying exam, administered by NCCPA, and then obtain a state license to practice medicine. To maintain certification, PAs must pass a recertifying exam every 10 years as well as obtain 100 credits of continuing medical education every two years. Recertification is not required in every state but may be required by employers and insurers.

In the 2022 AAPA Salary Survey, more than seven in 10 respondents (71.5%) were female (Figure 1), a proportion that has been increasing for the past 30 years. More than eight in 10 (85.5%) were white and 6% reported they were of Hispanic, Latinx, or Spanish origin (Figure 2). Two in three (66.2%) PAs were under 40 years of age (Figure 3), and three in five PAs (63.1%) had fewer than 10 years of clinical experience as a PA (Figure 4). These demographics reflect the recent, rapid growth in the number of PA programs and the profession's status as one of the 2022 top job in the U.S. by U.S. News and World Report.

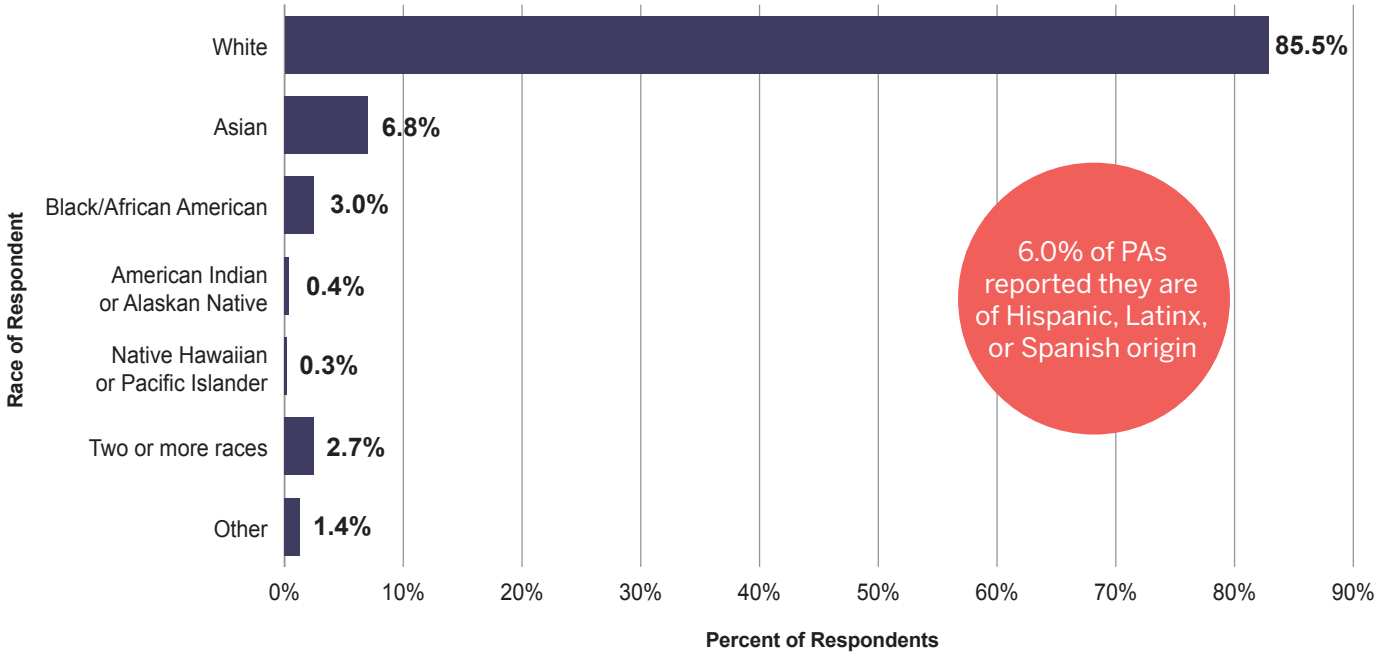
Three specialties accounted for almost one-third of the PAs in this survey, just as in the last several years: family medicine (13.6%), orthopaedic surgery (9.8%), and emergency medicine (7.8%; Figure 5). AAPA collects "urgent care" as a separate specialty from family medicine and emergency medicine, and it is the fourth-most reported specialty in which PAs practice (7.4%).

FIGURE 1. Distribution of PAs by Gender



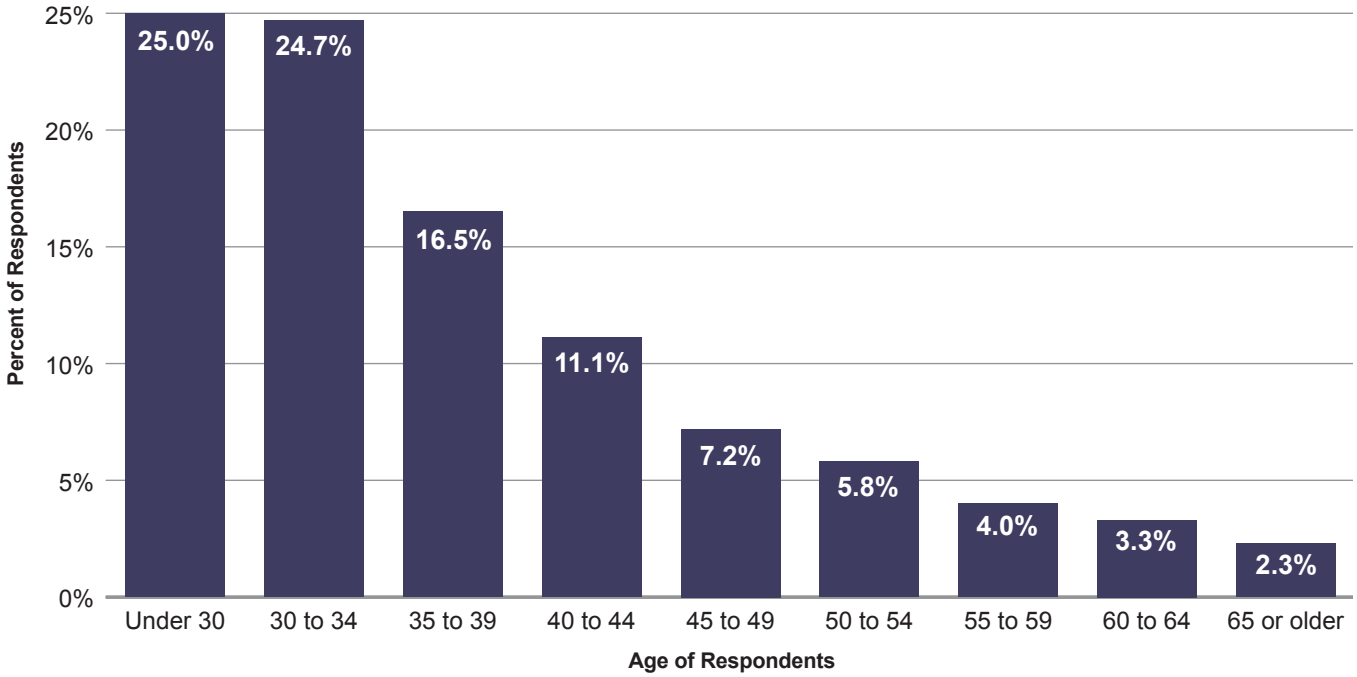
Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey.

FIGURE 2. Distribution of PAs by Race and Ethnicity



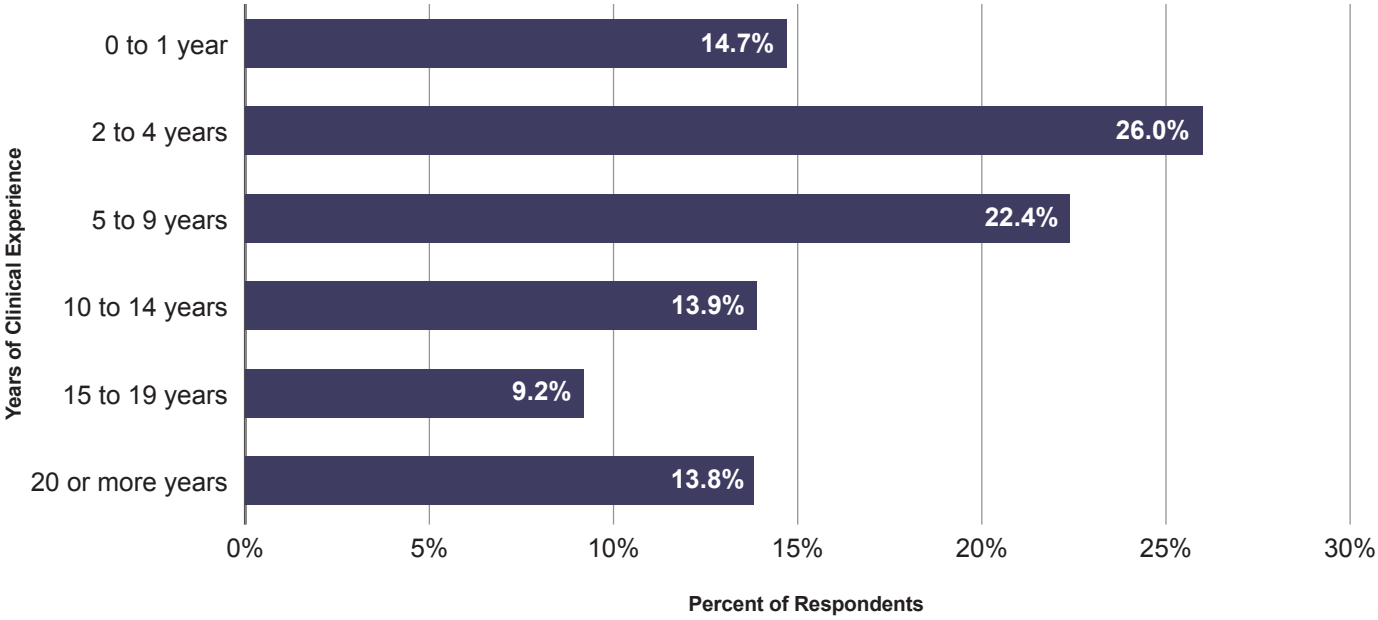
Note: Race and ethnicity were two separate questions on the 2022 AAPA Salary Survey. First, respondents were asked which race best identifies them, and these responses appear in the bars on Figure 2. Then, respondents were asked if they are of Hispanic, Latinx, or Spanish origin. These responses can be viewed within the insert in Figure 2.

FIGURE 3. Distribution of PAs by Age



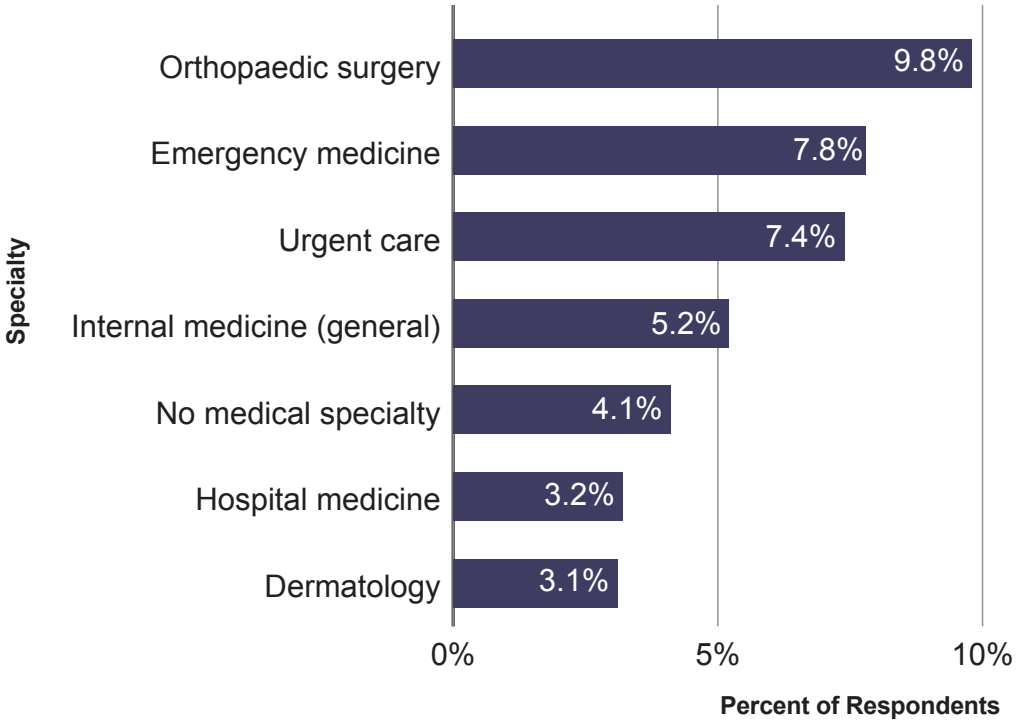
Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey.

FIGURE 4. Distribution of PAs by Years of Clinical Experience



Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey. Responses do not sum to 100% due to rounding error.

FIGURE 5. Distribution of PAs by Specialty



Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey. Only the top eight specialties are listed, including "no medical specialty." The 2022 AAPA Salary Survey allowed PAs who are not in clinical practice (such as PAs who are primarily educators, administrators, and researchers) to respond. AAPA collects "urgent care" as a separate specialty from family medicine and emergency medicine in contrast to NCCPA, and it is the fourth most-reported specialty in which PAs practice. PAs in urgent care are not reported by AAPA as specializing in primary care.

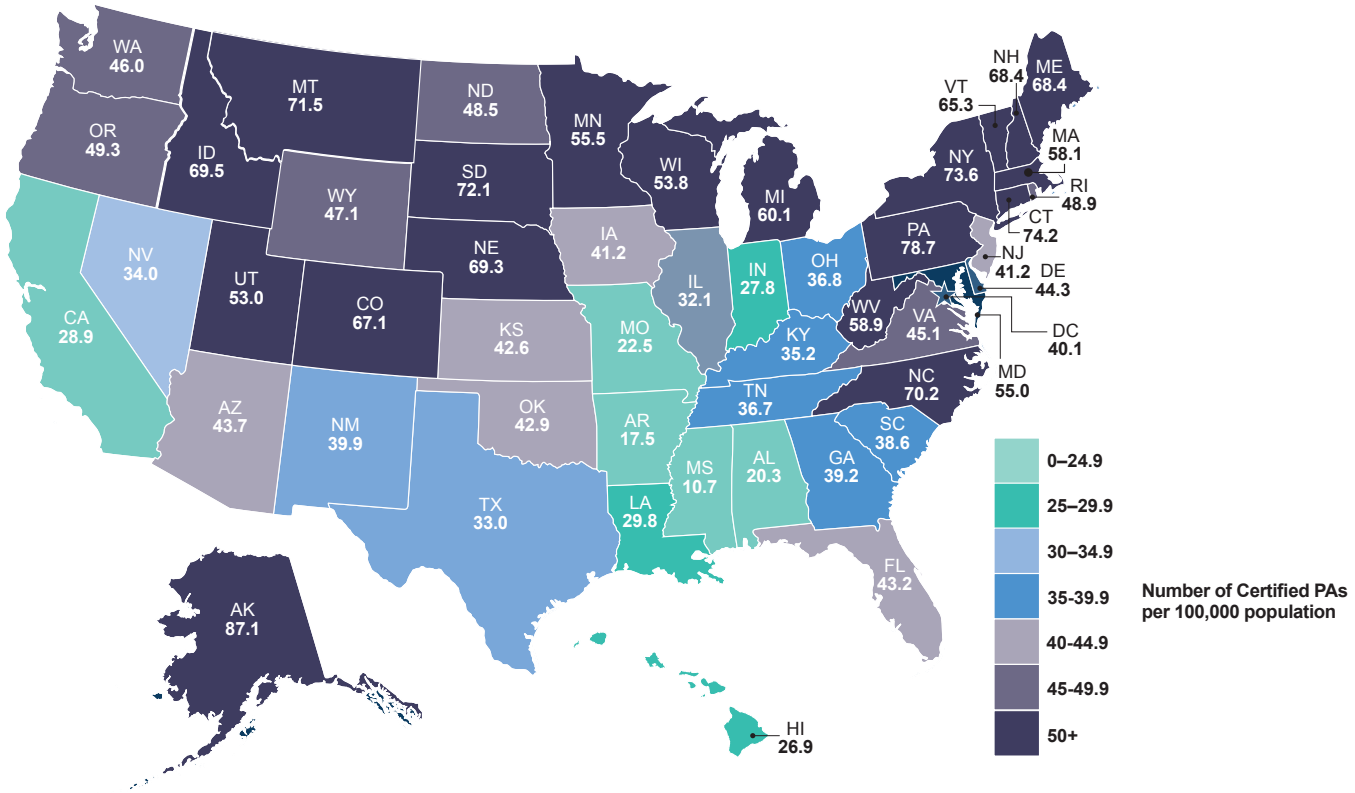
PAs Work Everywhere

PAs practice across the U.S. performing everything from in-person consultations to telehealth visits. While PAs can be found in every state, some have much larger PA workforces in relation to the state population than others. Alaska, with 87.1 PAs per 100,000 people, Pennsylvania (78.7), Connecticut (74.2), New York (73.6), and South Dakota (72.1), top the list of states in terms of largest numbers of PAs per capita. With respect to the absolute number of PAs in a state, New York (14,233), California (11,380), Pennsylvania (10,064), Texas (9,697), and Florida (9,381) top the charts. The states with the lowest numbers of PAs per 100,000 population are Mississippi (10.7), Arkansas (17.5), Alabama (20.3), Missouri (22.5), and Hawaii (26.9). States and districts with the lowest absolute number of PAs include Wyoming (274), the District of Columbia (285), Mississippi (318), North Dakota (371), and Hawaii (378). Figure 6 shows the per capita distribution of PAs by state and the District of Columbia.

PAs Are Everywhere in the U.S.

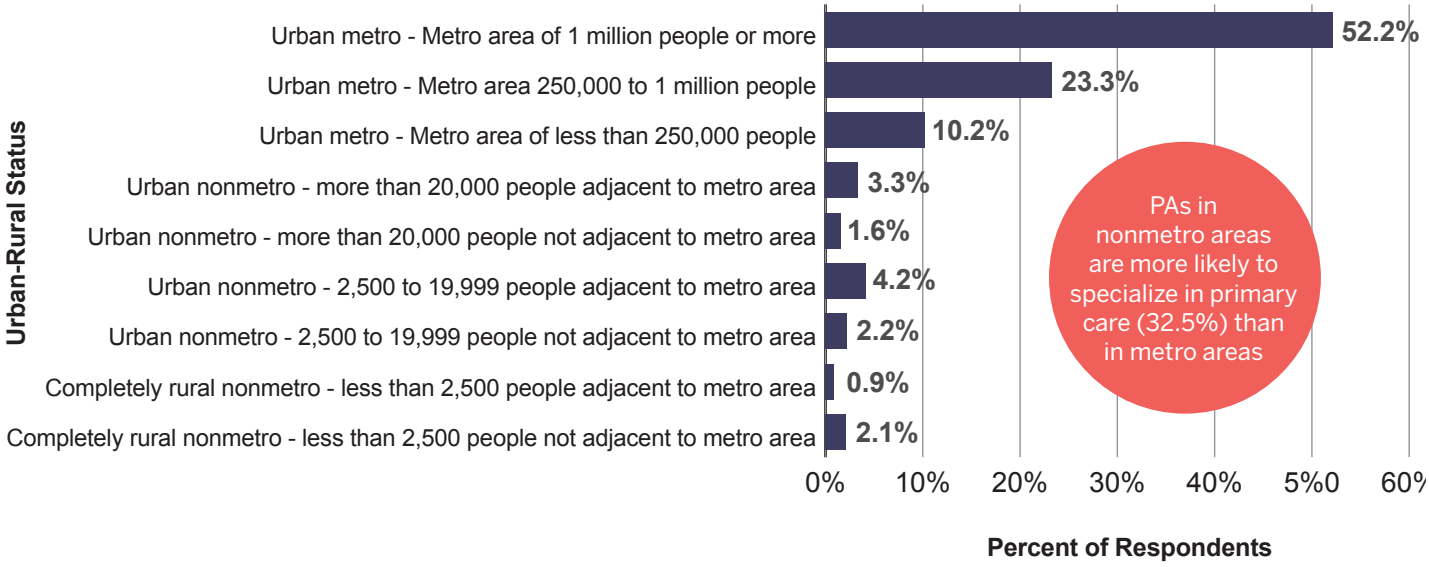
PAs practice all over the U.S. While New York has the greatest number of PAs (14,233), Alaska has the highest number of PAs per capita (87.1 per 100,000 population). Almost one in six PAs work in nonmetro or completely rural areas, and over half currently use telehealth or telemedicine in their clinical practice.

FIGURE 6. Distribution of Certified PAs per Capita by State



Data source: National Commission on Certification of Physician Assistants, Inc. (2021, July). 2020 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved July 19, 2021, from nccpa.net/research.

FIGURE 7. Geographic Distribution of PAs by Metropolitan Area



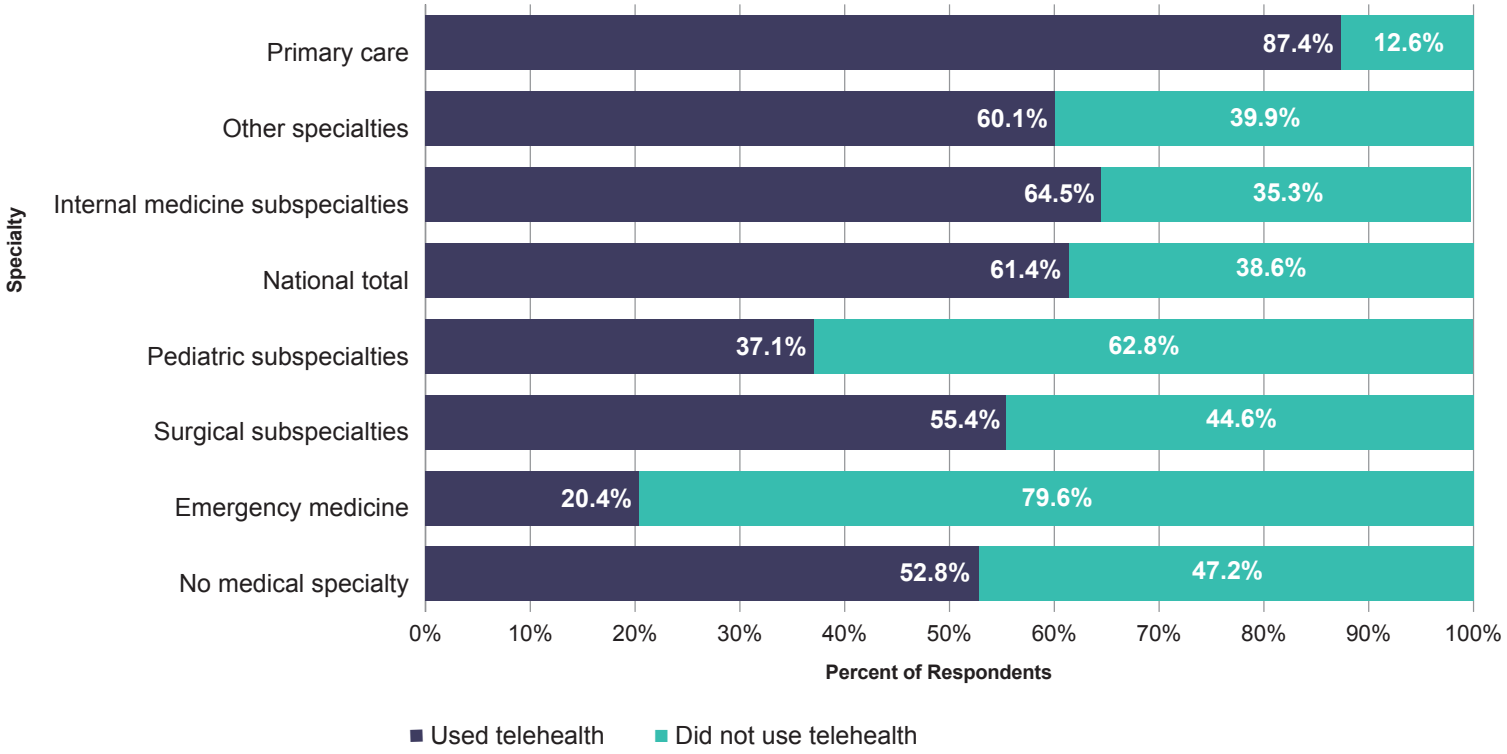
Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey.

Six in seven PAs (85.7%) work in metro areas, with one in seven (14.3%) working in nonmetro or completely rural areas (see Figure 7). In nonmetro areas, PAs are more likely to specialize in primary care than in metro areas (32.5% versus 18.5%). PAs in nonmetro areas were more likely to be in physician offices or clinics than PAs in metro areas (61.7% versus 49.6%) and less likely to work in hospitals than PAs in metro areas (25.9% versus 37.5%).

In addition to working across the U.S., PAs are expanding access to healthcare through telehealth and telemedicine. About three out of every five PAs (61.4%) used telemedicine in their clinical work within the last year. Primary care PAs (87.4%) were the most likely to report using telehealth or telemedicine, followed by PAs in internal medicine (64.2%) and those in other specialties (60.1%). Almost two in five PAs in pediatric subspecialties (37.2%) reported using telehealth or telemedicine, and a majority of PAs in surgical subspecialities (55.4%) incorporated telehealth services into their practice. PAs in emergency medicine had the lowest utilization of telehealth services (20.4%). These numbers are comparable to the 2021 Salary Report, which reported similar trends in overall telehealth utilization (62.8% versus 61.4%). For more information on PAs utilization of telehealth, refer to Figure 8.

Telehealth usage remained stable from 2020 to 2021: 62.8% to 61.4%

FIGURE 8. Utilization of Telehealth by Specialty

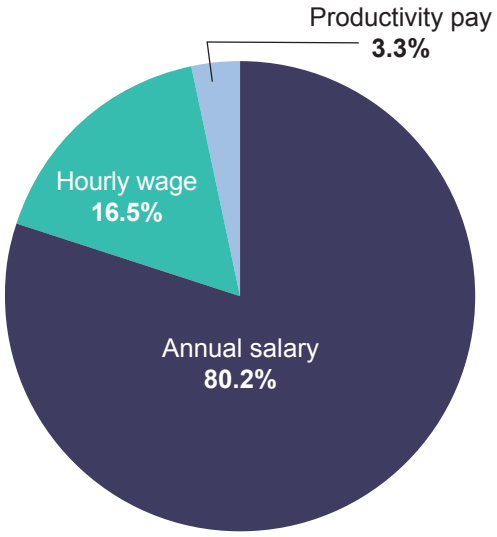


Note: The data reflect all PAs who responded to the 2022 AAPA Salary Survey.

PA Compensation Varies by Multiple Factors, Including COVID-19

In 2021, four in five full-time PAs (80.2%) reported that they were paid an annual base salary; 16.5% received an hourly wage, while 3.3% were paid based on productivity, either entirely or in combination with a guaranteed minimum base compensation (Figure 9). The median annual base salary was $113,000, reflecting an increase from $110,000 in 2020. The median hourly wage was $63.08, up from $61.00 in 2020. Median productivity-based compensation was $170,000, also up from $144,000 in 2020. Overall, the total median compensation across all earning types was $115,000 (with annualized hourly wages), a 4.5% increase from $110,000 in 2020. Among full-time PAs, about half (55.5%, up from 48.7% the previous year) received a bonus, and for those that did, the median bonus was also more than the previous year: $5,000, up from $4,500. The amount of PA compensation, as well as the extent to which it increased from last year, varies by work setting, employer type, and major specialty area. (See Figures 10, 11, and 12.)

FIGURE 9. Distribution of PAs by Mode of Compensation

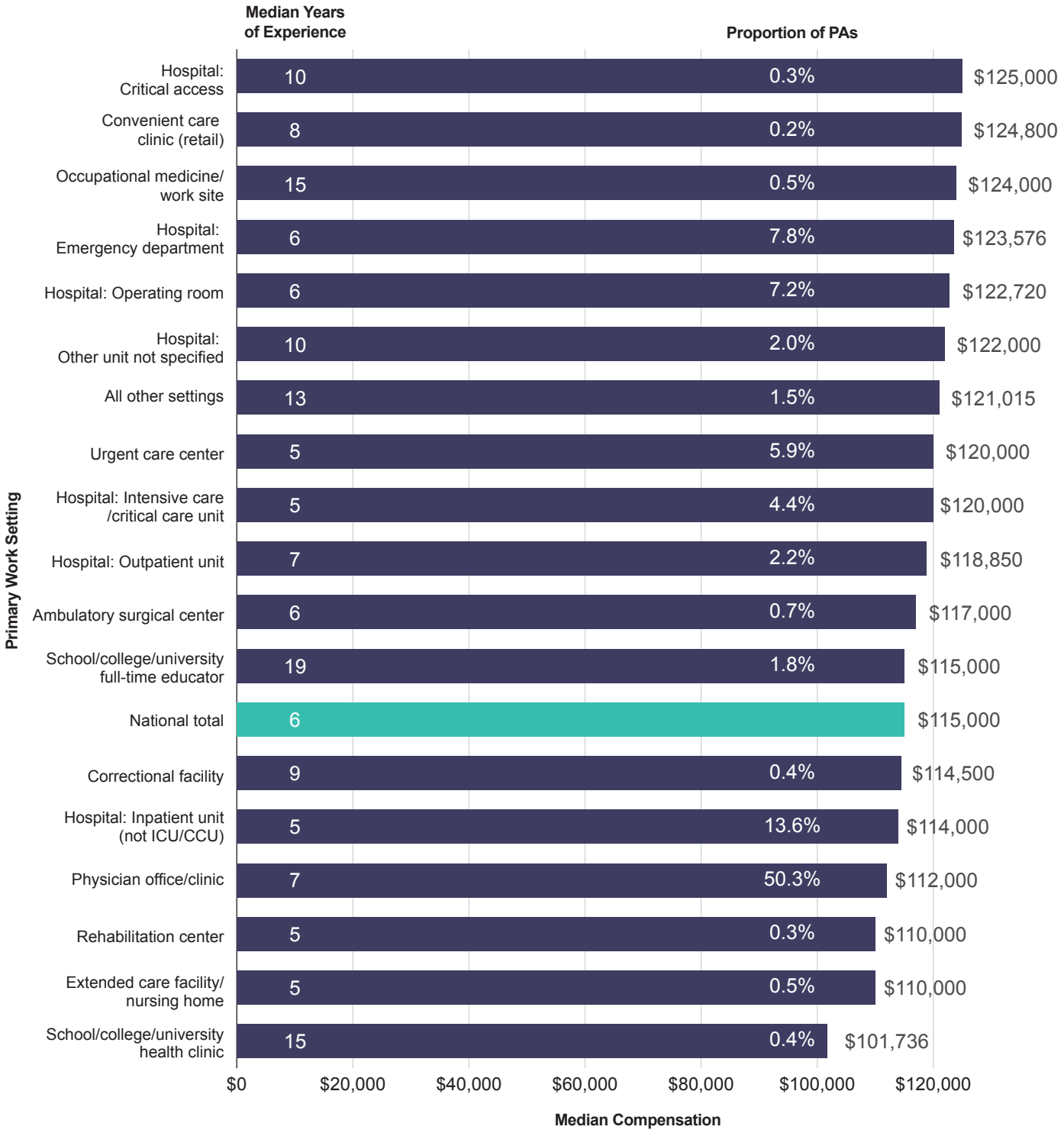


2021 Median PA Compensation
Base salary: $113,000
Hourly wage: $63.08
Productivity pay: $170,000
Profession-wide compensation: $115,000
Annual bonus: $5,000

Note: The data reflect PAs who worked 32 hours or more per week in 2021

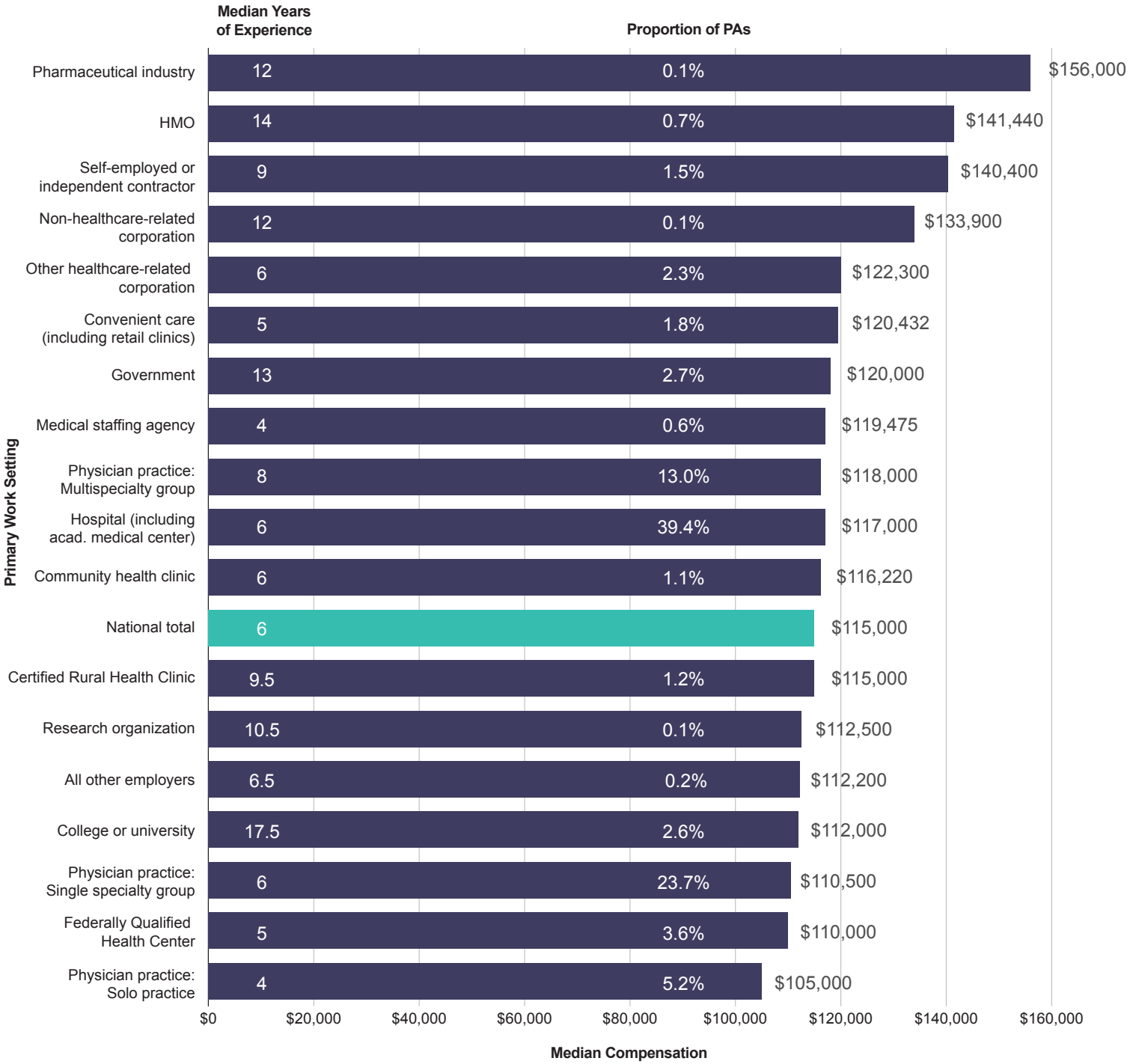
Where a PA works (Figure 10) and for whom a PA works (Figure 11) are associated with compensation. PAs who work in hospitals (regardless of type) reported median compensation of $120,000, up from $115,000 in 2020. However, compensation can vary between work settings, even within a hospital. PAs in school/college/university health clinics ($101,736), rehabilitation centers ($110,000), and extended care facilities/nursing homes ($110,000) reported the lowest median compensation. PAs in occupational medicine/work sites ($124,000), critical access hospitals ($125,000), and retail convenient care clinics ($124,800) reported the highest median compensation (Figure 10). See Tables 20 and 21 for more information.

FIGURE 10. Median Compensation From Primary Employer by Primary Work Setting



Note: Percentages inside bars indicate the percentage of PAs who report that setting as their primary work setting. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2022 AAPA Salary Survey.

FIGURE 11. Median Compensation From Primary Employer by Employer Type

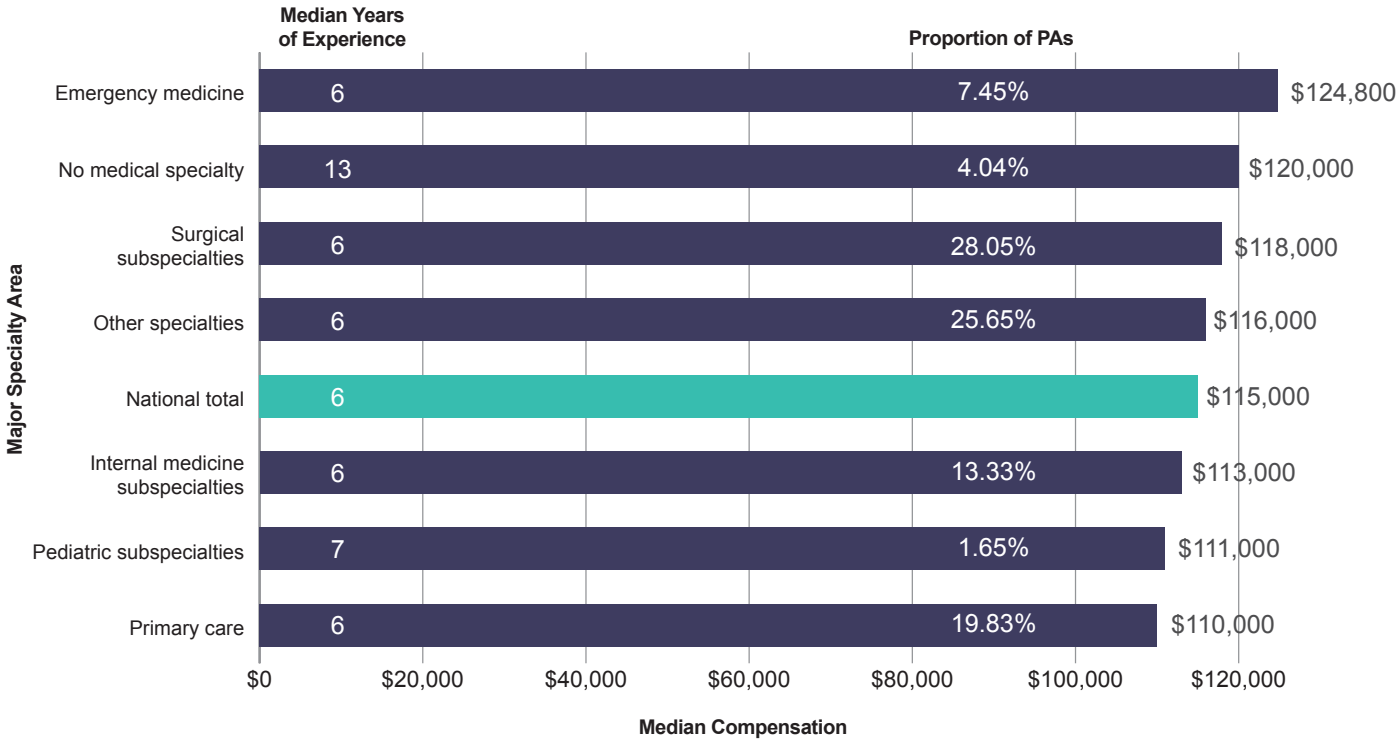


Note: Percentages inside bars indicate the percentage of PAs who report that employer type as their primary employer type. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2022 AAPA Salary Survey.

PAs whose employer is a physician practice (solo practice, $105,000), a Federally Qualified Health Center ($110,000), or a physician practice with a single specialty group ($110,500) reported the lowest median compensation; these PAs comprised 32.5% of respondents and in two of the three employer types, median years of experience was below the national median of six years. PAs who are employed by the pharmaceutical industry ($156,000), an HMO ($141,440), or were self-employed or independent contractors ($140,400) reported the highest median compensation (Figure 11). These PAs comprised 2.3% of respondents to the survey and their median years of experience were substantially above the national median of six years of experience. For more information, see Tables 23 and 24.

PAs who practice emergency medicine as their major specialty area earned more than PAs in other major specialty areas ($124,000; Figure 12), although some surgical subspecialties are paid far more than emergency medicine. Primary care (defined as family medicine, general internal medicine, and general pediatrics) is the lowest-paid major specialty area ($110,000). See Tables 10 and 11 for more information.

FIGURE 12. Median Compensation From Primary Employer by Major Specialty Area



Note: Percentages inside bars indicate the percentage of PAs who report a primary specialty within that major specialty area. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2022 AAPA Salary Survey.

Working locum tenens also had an impact on PA median salaries. Overall, 4.4% of PAs reported working locum tenens either as their primary job (1.6%) or in addition to their primary job (2.8%). Compared to the overall median PA compensation ($115,000), those working locum tenens as their primary job had a median compensation of $124,800. The group most likely to work locum positions as part of their practice were PAs in emergency medicine (7.1%). Comparatively, less than 4% of PAs in surgical (3.9%) and pediatric subspecialties (3.2%) worked locum tenens in 2021.

PA COMPENSATION AND THE PANDEMIC

It is important to note the broader circumstances of the pandemic may make these compensation figures less comprable to prior data years of the AAPA Salary Report. However, many PAs reported few, if any, changes at their primary employer in 2021 due to the COVID-19 pandemic. PAs were asked as part of the 2022 AAPA Salary Survey whether any of the following changed (either an increase or a decrease) at their primary employer as a result of the COVID-19 pandemic: hours worked, bonus, annual merit/pay increases, base pay, professional development funds, paid time off, and/or retirement benefits. Among all respondents to the survey, 63.2% were impacted in one or more ways, with a change to their hours worked (28.7%), bonus (26.6%), annual merit/pay increase (16%), base pay (11.5%), professional development funds (10.9%), paid time off (8.2%), and retirement benefits (7.4%).

While some PAs reported they had reductions in hours worked, compensation, and benefits, other PAs reported increases in these areas. 14.3% saw an improvement in their bonus amount and 5.2% had an increase in their compensation. Among PA respondents who worked 32 or more hours per week in 2021, base salary, hourly wage, productivity, and bonuses showed some patterns of variability that may partially explain why compensation in some locations, subspecialties, and settings have rebounded from the pandemic at different rates.

PA Compensation in 2021

Compensation in 2021 increased by 4.5% over the prior year. For the full profession, across compensation types, median compensation was $115,000, up from $110,000. Among full-time salaried PAs, median annual base salary was $113,000, a slight increase from the prior year. PAs who reported receiving an hourly wage reported earning a median of $63.08 per hour, which was also an improvement over the prior year. While about half (48.7%) of full-time PAs received a bonus in 2020, 55.5% received a bonus in 2021. Among respondents who received a bonus, half reported a bonus of $5,000 or more, While these increases suggest compensation across the profession is starting to rebound from the impacts of the pandemic, it is important to note the broader circumstances of the pandemic may make these figures less comprable to prior data years of the AAPA Salary Report. However, compensation remained stable over the year, with 88.5% of PAs reporting no change to their base compensation. There were still fluctuations in hours worked. 71.3% reported no change, but 16% worked more hours, 6.2% worked fewer, and 6.6% worked more *and* fewer hours over 2021.

Compensation and Cost of Living Vary by State

While it is generally true states with a higher cost of living enjoy higher compensation, this is not always the case. Some states with high compensation have an inflated cost of living, giving the dollar "less bang for the buck," while others have a low cost of living, making dollars go further.

Understanding how far a salary or hourly wage will go in a state is vital, particularly if a PA wishes to move to another state and maintain a similar standard of living. AAPA supplies cost-of-living adjusted compensation data to PAs, both at the state and local levels. Using cost-of-living data calculators, such as the one found on AAPA's website, a PA can determine the compensation needed to maintain their current standard of living in a different location. Please note cost-of-living adjusted compensation in the AAPA Salary Report is the state-level buying power that median salary or hourly wage in the state has, and this information is helpful to compare compensation across states in terms of what a salary or hourly wage would have to be to have equivalent buying power.

In 2021, the median PA salary in the United States was $113,000, and the median hourly wage was $63.08. Figures 13 and 15 display actual median base salary and hourly wage for each state and the District of Columbia. Figures 14 and 16 display the cost-of-living adjusted base salary and hourly wage. In many of the states where PAs reported lower compensation, PAs will find they have more purchasing power than their compensation suggests.

How Far Does a Dollar Go?

A larger paycheck does not always translate to more buying power. AAPA has partnered with the Council for Community and Economic Research to make cost-of-living adjusted compensation data available to PAs in order to understand just how far your dollar will go in comparison with national cost averages.

Likewise, states with higher compensation tend to have a higher cost of living, so a PA's dollars may not go as far.

While Alaska, California, and Hawaii have the top three base salaries, and New Mexico, Arizona, and California have the top three hourly wages nationally (Figures 13 and 15), this does not account for the cost of living in each of these states. Once cost of living is considered, the three states with the highest base salaries are Oklahoma, Michigan, and Missouri (Figure 14). The top three for hourly wage are New Mexico, Arizona, and Oklahoma (Figure 16). These states have a cost of living lower than the national average, which often results in higher buying power than states where goods and services are more expensive. For a state-by-state comparison of actual versus cost-of-living adjusted base salary and hourly wages, see Charts 1 and 2.

CHART 1. Actual and Cost-of-Living Adjusted Median Base Salary and Rankings by State

STATE	MEDIAN BASE SALARY ($)	BASE SALARY STATE RANKING	COST-OF-LIVING ADJUSTED BASE SALARY ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	95,000	51	109,497	37
Alaska	140,000	1	114,462	28
Arizona	115,000	15	121,237	17
Arkansas	104,500	46	124,042	12
California	131,000	2	104,000	43
Colorado	112,750	24	108,931	38
Connecticut	121,000	5	102,550	44
Delaware	111,000	28	108,401	39
District of Columbia	116,349	13	78,280	51
Florida	110,000	31	116,766	24
Georgia	108,000	38	124,161	9
Hawaii	130,000	3	92,784	50
Idaho	114,500	20	124,061	11
Illinois	110,988	29	119,121	22
Indiana	110,000	31	124,081	10
Iowa	109,000	36	119,591	21
Kansas	114,000	21	124,616	7
Kentucky	105,000	44	122,012	15
Louisiana	103,000	48	113,824	30
Maine	108,000	38	99,304	46
Maryland	110,000	31	93,149	49
Massachusetts	115,000	15	93,318	48
Michigan	110,000	31	128,872	2
Minnesota	119,550	9	124,745	6
Mississippi	100,000	49	121,170	18
Missouri	108,000	38	128,365	3
Montana	120,000	7	123,739	13
Nebraska	105,000	44	111,466	35
Nevada	118,000	11	112,495	32
New Hampshire	120,000	7	106,895	41
New Jersey	119,500	9	105,187	42
New Mexico	113,500	23	121,458	16
New York	115,073	14	109,919	36
North Carolina	109,000	36	122,451	14
North Dakota	114,000	21	113,280	31
Ohio	107,000	41	124,357	8
Oklahoma	115,000	15	132,457	1
Oregon	120,156	6	108,201	40
Pennsylvania	107,000	41	112,398	33
Rhode Island	115,000	15	95,896	47
South Carolina	103,199	47	112,353	34
South Dakota	106,000	43	114,165	29
Tennessee	100,000	49	116,399	25
Texas	115,000	15	127,842	4
Utah	110,800	30	114,963	27
Vermont	112,500	25	99,639	45
Virginia	110,000	31	115,350	26
Washington	126,000	4	117,562	23
West Virginia	111,500	27	125,952	5
Wisconsin	112,000	26	119,911	19
Wyoming	117,000	12	119,712	20
NATIONAL TOTAL	**113,000**			

Note: Rankings were determined by salary/wage, in descending order. Where there were ties, each state was assigned the same ranking, and states were listed in alphabetical order. Following a tie, states were assigned a rank indicating the position out of 51 possible ranks. For example, for actual median base salary, there was a three-way tie for fourth rank, so the subsequent state was ranked seventh.

FIGURE 13. Median Base Salary by State Rankings

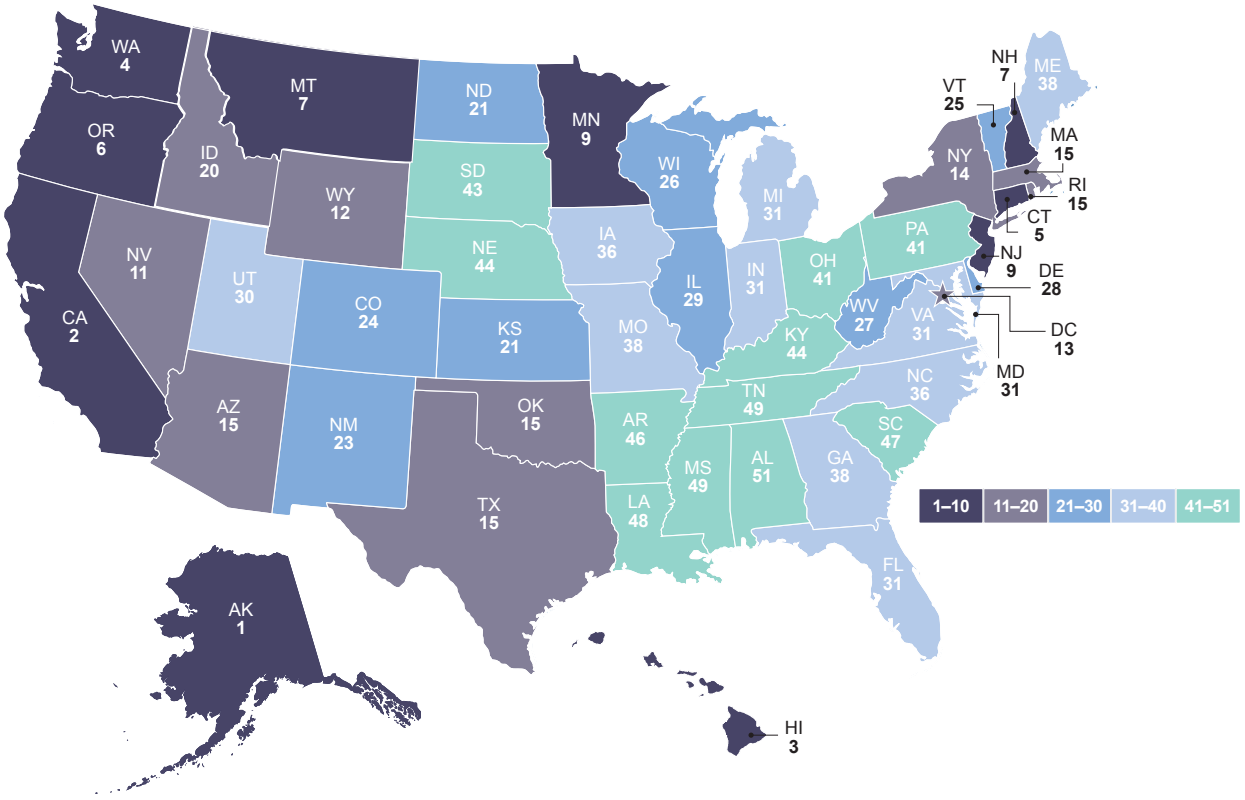


FIGURE 14. Cost-of-Living Adjusted Salary by State Rankings

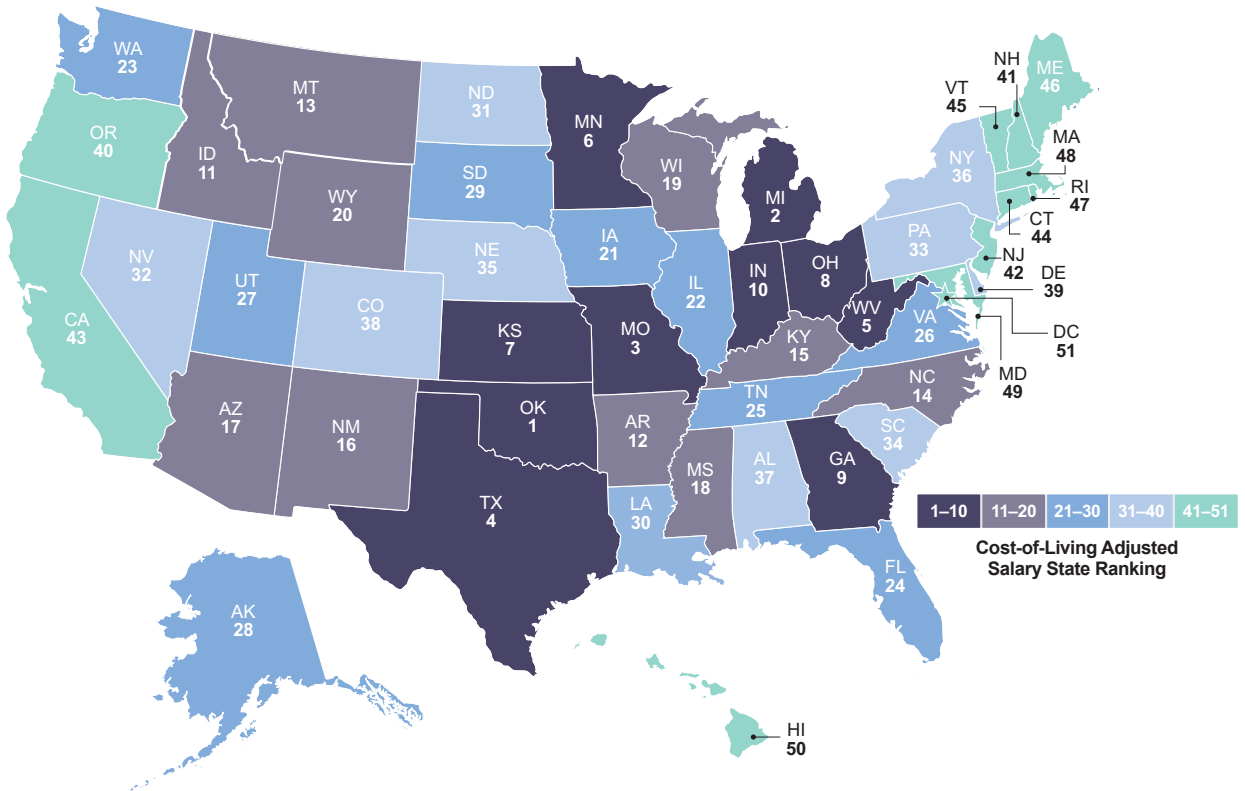


CHART 2. Actual and Cost-of-Living Adjusted Hourly Wages and Rankings by State

STATE	MEDIAN HOURLY WAGE ($)	HOURLY WAGE STATE RANKING	COST-OF-LIVING ADJUSTED HOURLY WAGE ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	58.00	33	66.85	33
Alaska	*	*	*	*
Arizona	75.00	2	79.07	2
Arkansas	*	*	*	*
California	71.61	3	56.85	3
Colorado	60.75	23	58.69	23
Connecticut	61.50	18	52.12	18
Delaware	52.00	42	50.78	42
District of Columbia	*	*	*	*
Florida	61.00	20	64.75	20
Georgia	60.50	24	69.55	24
Hawaii	*	*	*	*
Idaho	56.00	37	60.68	37
Illinois	62.00	14	66.54	14
Indiana	59.00	28	66.55	28
Iowa	63.50	11	69.67	11
Kansas	58.25	32	63.67	32
Kentucky	60.00	25	69.72	25
Louisiana	61.25	19	67.69	19
Maine	61.00	20	56.09	21
Maryland	62.00	14	52.50	15
Massachusetts	62.00	14	50.31	16
Michigan	56.50	35	66.19	35
Minnesota	63.50	11	66.26	12
Mississippi	*	*	*	*
Missouri	63.75	10	75.77	10
Montana	61.00	20	62.90	22
Nebraska	53.72	40	57.03	40
Nevada	70.00	5	66.73	5
New Hampshire	57.68	34	51.38	34
New Jersey	70.00	5	61.62	6
New Mexico	80.00	1	85.61	1
New York	65.00	8	62.09	8
North Carolina	63.30	13	71.11	13
North Dakota	*	*	*	*
Ohio	60.00	25	69.73	26
Oklahoma	66.33	7	76.39	7
Oregon	58.78	30	52.93	30
Pennsylvania	56.37	36	59.21	36
Rhode Island	*	*	*	*
South Carolina	60.00	25	65.32	27
South Dakota	*	*	*	*
Tennessee	55.00	38	64.02	38
Texas	62.00	14	68.92	17
Utah	54.50	39	56.55	39
Vermont	59.00	28	52.26	29
Virginia	65.00	8	68.16	9
Washington	70.50	4	65.78	4
West Virginia	53.50	41	60.43	41
Wisconsin	58.77	31	62.92	31
Wyoming	*	*	*	*
NATIONAL TOTAL	**63.08**			

Note: Rankings were determined by salary/wage, in descending order. Where there were ties, each state was assigned the same ranking, and states were listed in alphabetical order. Following a tie, states were assigned a rank indicating the position out of 42 possible ranks. For example, for actual median base salary, there was a three-way tie for fourth rank, so the subsequent state was ranked seventh. Not all state hourly wages are displayed due to a low number of responses. They are included in the national total.

FIGURE 15. Median Hourly Wage by State Rankings

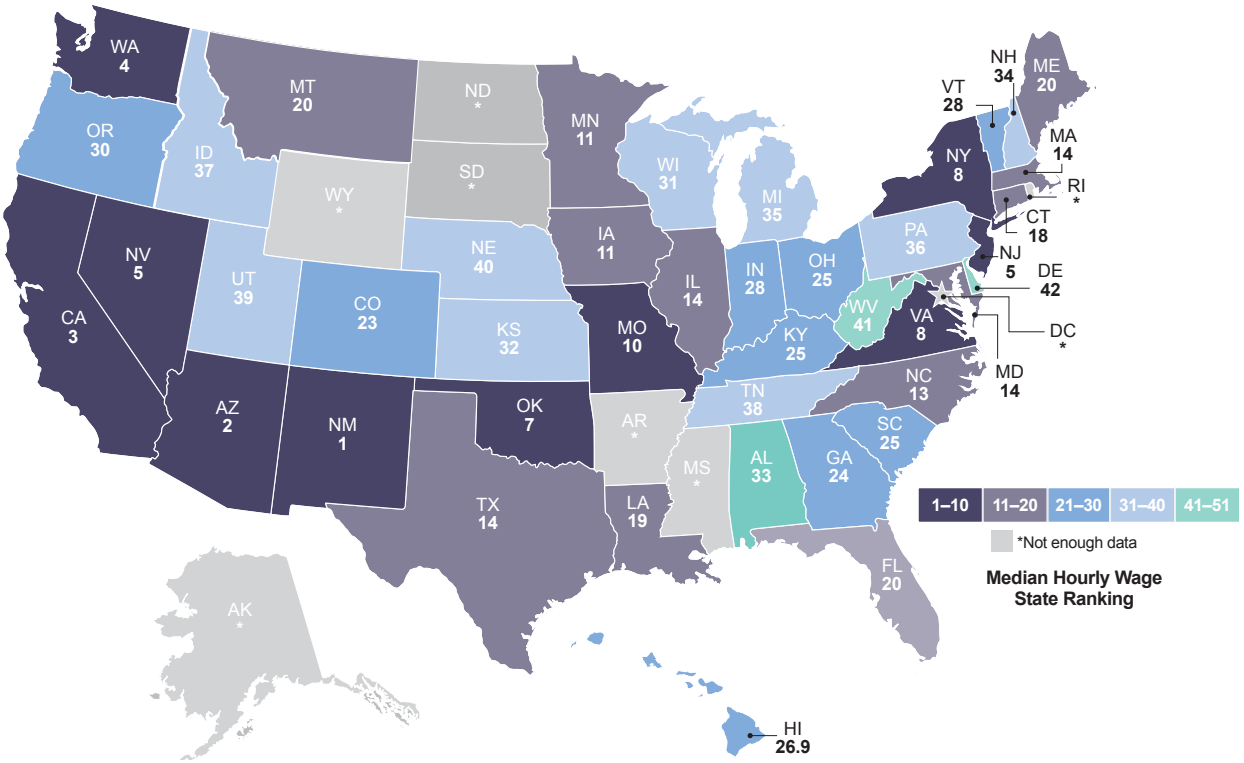
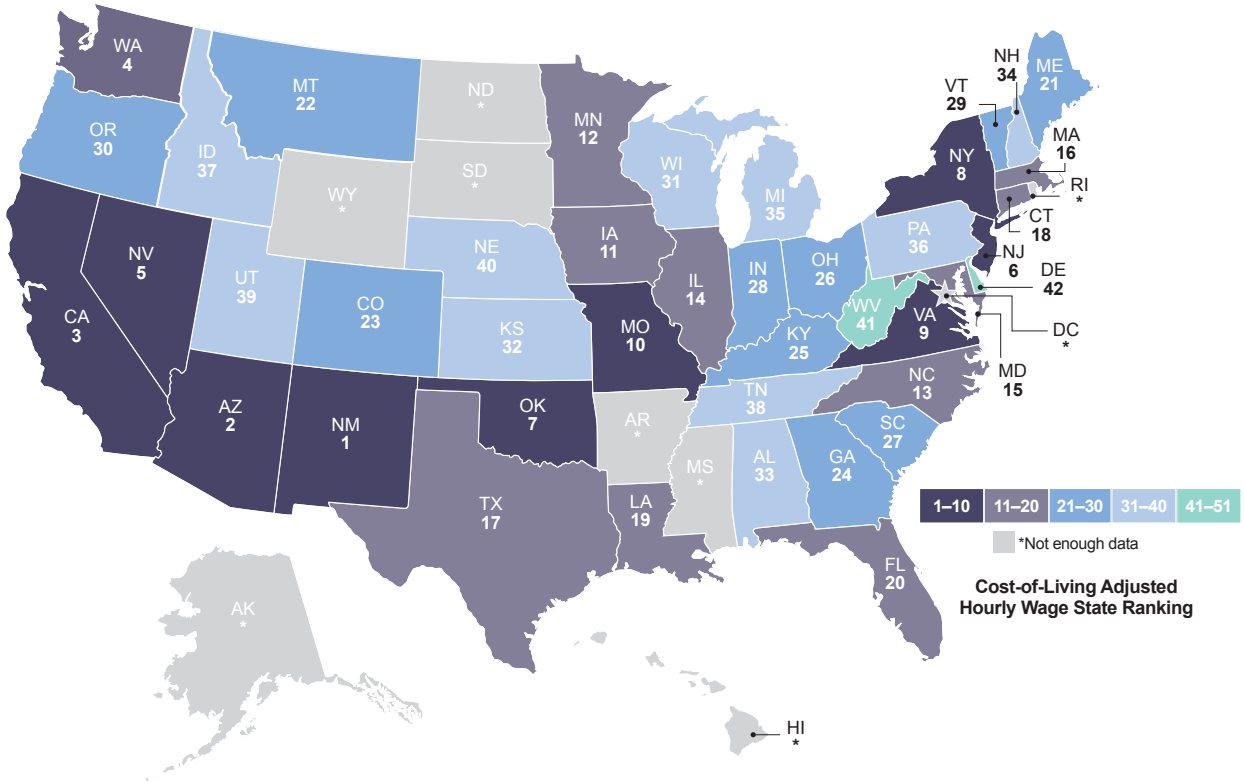


FIGURE 16. Cost-of-Living Adjusted Hourly Wage by State Rankings



PAs in Leadership

Many PAs are in leadership roles. However, they might not always have a formal leadership position. In 2021, about one in three (30.4%) PAs were in a formal or informal leadership role. These leadership activities had an effect on compensation, with PAs who worked at least 32 hours a week in formal ($130,000) and informal ($118,560) leadership roles earning more than PAs not in leadership ($112,632). It is also important to note these PAs in leadership roles had higher median years of experience – 13 for formal leaders and 8 for informal leaders – than PAs who did not report having leadership tasks in their positions (five years of experience). More details on median compensation for PAs based on leadership roles can be found in Figure 17.

Within the 2022 AAPA Salary Survey, PAs in an informal leadership role defined what "informal leadership" meant to them. Analyzing these responses lead to the emergence of several prominent themes. First, informal leadership was often related to education, onboarding, or training of new PAs. Second, informal leadership could include positions on committees, such as a union steward or member of a hospital DEI committee. Finally, positions with "unofficial" supervisory duties in a medical team, especially when working in short-staffed areas, were also labeled as informal leadership tasks by respondents.

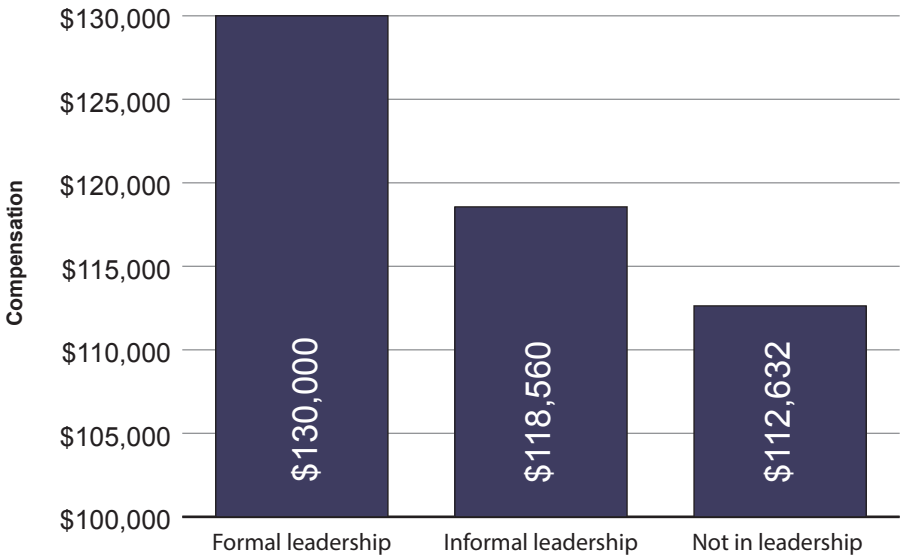
Only 4.5% of PAs in formal leadership roles indicated they served as executive-level members or vice presidents within organizations. However, these groups had the highest median compensation among PAs in leadership roles. Vice presidents or senior vice presidents reported a median compensation of $180,000, while executive-level/C-suite PAs had median earnings of $176,000. When indicating their formal leadership position, the job titles with the largest number of PAs in formal leadership roles were lead PA/APP (60.6%), director (16.9%), manager/supervisor (9.0%), and chief PA/APP (9.0%). Refer to Chart 3 for a more detailed breakdown of compensation for PAs in formal leadership roles.

PAs are Healthcare Leaders

The PA profession, founded on the concept of collaborative practice, is a natural fit for team-oriented care models. Within these models, PAs serve as formal and informal leaders across all medical and surgical specialties. PAs who responded to the AAPA Salary Survey shared the leadership experiences they had in 2021. Whether serving as chief PAs, C-suite executives, or mentors for the next generation of PAs entering the profession, PAs in leadership earned more than their peers.

Throughout the year, AAPA offers PAs many opportunities to gain leadership experience. Visit Leadership on Demand for more information on CME designed to foster your leadership skills.

FIGURE 17. Median Compensation by Leadership Status



Note: The data reflect PAs who worked 32 hours or more per week in 2021.

CHART 3. Earnings and Hours Worked for PAs in Formal Leadership

LEADERSHIP ROLE CATEGORY	N	AMOUNT
Lead PA/APP		
Median base salary	351	$130,000
% receiving bonuses	225	64.1%
Median bonus	351	$6,000
Median hours worked weekly	351	44
Median years of experience	351	12
Chief PA/APP		
Median base salary	52	$138,000
% receiving bonuses	35	67.3%
Median bonus	52	$7,000
Median hours worked weekly	52	40
Median years of experience	52	17
Director		
Median base salary	98	$143,500
% receiving bonuses	53	54.1%
Median bonus	98	$11,000
Median hours worked weekly	98	46
Median years of experience	98	20
Manager/Supervisor		
Median base salary	52	$142,500
% receiving bonuses	28	53.8%
Median bonus	52	$9,900
Median hours worked weekly	52	43
Median years of experience	52	16
Vice President or Senior Vice President		
Median base salary	12	$180,000
% receiving bonuses	9	75.0%
Median bonus	12	$20,000
Median hours worked weekly	12	50
Median years of experience	12	16
Executive Level/C-suite (CEO, CFO, CMO, CIO, CNO, etc.)		
Median base salary	14	$172,000
% receiving bonuses	8	57.1%
Median bonus	14	$8,500
Median hours worked weekly	14	55
Median years of experience	14	21

Note: The data reflect PAs who worked 32 hours or more per week in 2021. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. The median compensation amounts and hours worked may slightly differ from the profession-wide amounts as they reflect full-time PAs who indicated working in a formal leadership role in the 2022 AAPA Salary Survey.

Frequently Asked Questions about the AAPA Salary Report

One of AAPA's important responsibilities is to collect and analyze data to track growth and change in the PA profession. The AAPA Digital Salary Report includes more and highly detailed PA compensation and benefits information compared to the traditional Salary Report. We've compiled this list of questions PAs often ask — and employers ask PAs — and the corresponding answers. Please contact us at research@aapa.org with more questions. We are here to help.

What is the difference between the AAPA Digital Salary Report and the Annual Salary Report PDF?

The Digital Salary Report allows PAs to access more detailed PA compensation and benefits information compared to the traditional Salary Report PDF. Unlike the PDF, the digital report allows you to customize tables to fit your unique employment situation.

What is a percentile, and when do I use it?

A percentile is the point at, or below, which a given percentage of respondents fall. For example, the 10th percentile is the value at or below which 10% of the respondents fall — a 10th percentile salary of $92,000 means that 10% of all the respondents made $92,000 or less. Conversely, the 90th percentile salary of $145,150 means that 90% of

the respondents made $145,150 or less. You can use percentiles to approximate an appropriate value within any given table. For example, if you are a PA with 25 years of experience and are looking at a table that lists only state and specialty, you may want to use the 90th percentile to determine your ideal salary to account for your experience. Conversely, if you have one year of experience, you may want to use the 10th percentile, while the 50th percentile may be more appropriate for those with 10 years of experience.

How do I use the AAPA Salary Report to understand whether I'm being paid appropriately if there is not enough data for my specific practice information?

We frequently get questions such as "I am a PA in Scottsdale, Arizona, and I have been in a urology practice for two years. I do not see this information in either version, digital or PDF, of the Salary Report. Is there any way I can use this information to understand whether I'm being paid appropriately?" In this example, the AAPA salary datasets have information on PAs in urology with two to four years of experience and PAs in Arizona in all surgical specialties combined, but likely not enough responses to give a reliable range of compensation for PAs in Arizona who work in urology with two to four years of experience. Using the percentiles available within the report, you can approximate a reasonable salary range to negotiate the best rate of pay. In Arizona, salaries are higher than in the U.S. overall. We would normally recommend that someone with fewer years of experience compare themselves to the 10th to 25th percentiles. With the higher salaries in Arizona, one might estimate a negotiating salary at closer to the 50th to 75th percentiles of any national tables, at the 25th percentile of the Arizona tables, and at the 50th percentile for PAs in Arizona with two to four years of experience. If you still need data specific to a location, then we recommend using our data in conjunction with data from the Bureau of Labor Statistics.

Why does the compensation information from other organizations report salary and hourly wages that are different than AAPA's data?

Bureau of Labor Statistics (BLS) data are reported by employers for a given point in time and are averaged over several years and adjusted based on changes in wage over time. This data also annualizes hourly wages as if recipients were working 40-hour weeks over a full year. BLS is a good resource for PAs who are interested in what PAs in major metropolitan areas earn from a single employer, or for those who are interested in wage estimates based on employer-reported wages.

It is important to note BLS compensation estimates were produced using data collected in the May 2021, November 2020, May 2020, November 2019, May 2019, and November 2018 semiannual panels. Three of these six panels occurred before the COVID-19 pandemic, so only the most recent (May 2021) survey panel would reflect changes related to the COVID-19 pandemic, and thus any increase or decrease because of COVID-19 may be masked since data are collected on a rolling basis. NCCPA also collects compensation data on a rolling basis, but their numbers for compensation may differ because their data reflect ranges of averaged compensation amounts and not median values.

Can I get data for PAs in my county or city?

While AAPA collects county-level data in its Salary Surveys, it is for the purpose of determining rurality. We do not use that information for compensation breakouts. We recommend that you cross reference AAPA salary data with BLS data, which has overall PA compensation data at the metropolitan level. The AAPA Salary Report includes a table within the methodology section that highlights how BLS data compare to AAPA's data. PAs are included within the 29-000 Healthcare Practitioners and Technical Occupations category and are occupation code 29-1071. There are several ways to find this information. You may go to the PA occupation page, to the location pages which includes all professions, or you may use the OEWS database tool to refine the search.

I'm using the customized Salary Report, but when I refine results, I do not see my information. Why not, and who has that information for me?

Salary information is presented by specialty, setting, experience, and other categories to provide the most detailed information possible for PAs. But to maintain the trust and anonymity of those who take our surveys, as well as the integrity of the percentiles we calculate, we do not show any data points based on fewer than five respondents. So, for PAs in states with relatively few PAs, or in uncommon settings or specialties, this detailed information is not made available by AAPA. When this happens, we recommend PAs use several larger options to determine the right compensation for them.

I am trying to negotiate a higher salary, but the employer does not want to accept AAPA data, saying it is not objective or accurate. Can you help me explain why it is a valid data source?

AAPA frequently hears the myth that its data cannot be valid as it is self-reported. However, we benchmark our data against other available salary data including self-reported and employer-reported data and have found we are consistently within a reasonable range of other salary sources, given the differences in what is considered "salary" or "compensation."

For example, the base salary data in the AAPA Salary Report are close to data released by the Bureau of Labor Statistics, which is employer-reported based on annualized hourly wage. PAs reference the Medical Group Management Association (MGMA) as a source of salary benchmarking. However, MGMA data are based on salary data reported to MGMA by a small group of their member organizations, and the breakouts needed to accurately determine a PA's base compensation are limited due to the small sample sizes. We have heard that MGMA's salary data for PAs are sometimes higher than AAPA's and sometimes lower. We do not share MGMA's data with PAs as it is proprietary to MGMA.

We recommend that whatever the source of salary data, you request to see the data and what is included within their salary report. We also recommend considering non-paid compensation such as bonuses and other additional compensation, benefits, and other factors important to you personally, to evaluate a full compensation and benefits package. AAPA members can learn more about contract negotiations through our career resource, Negotiating Your Contract. Alternatively, we have Becoming the Self-Aware Advocate available for purchase in AAPA Learning Central.

Where is the average salary listed?

We find that the median is a better measure of the "middle salary" than the mean, as it is not affected by outliers — those responses that are on the far extremes of a normal response. We do not report the mean or "average" salary, but the median is a good number to think of as a "typical" PA within that category. In our tables, the median is displayed in the 50th percentile column.

Do you collect salary and data in ranges like other salary surveys do?

The AAPA Salary Survey collects actual salary data rather than asking respondents to select a range in which their salary falls. Many salary surveys collect data in categories, such as $10,000 to $99,999, $100,000 to $109,999, etc. They then assume that the midpoints of the range are the salaries of every PA who selected the category. The advantage of this approach is that participants may feel more comfortable providing their information. The disadvantage is loss of accuracy. AAPA, on the other hand, asks the PA to report their actual salary to the nearest whole number. AAPA data are also collected at the start of the year, when W-2s for the year in question have been released and PAs can refer to them for accuracy. While we may deter some from responding due to the sensitive nature of the information collected, the data we do collect is more accurate.

There are many salary surveys available. Why should I use the AAPA Salary Report?

AAPA Salary Report data are based on thousands of responses from PAs who participated in the AAPA Salary Survey. The AAPA Salary Report is the only resource that provides detailed information on salary, bonuses, and hourly wages, broken out by state, experience, specialty, setting, and employer type. These are all factors that will impact a PA's base salary or hourly wage. The report also provides in-depth national- and state-level information on compensation for taking and being available for call, as well as for profit sharing and other kinds of compensation and benefits available to PAs. No other resource provides the breadth of information contained in the AAPA Salary Report.

I am not a member of AAPA, but I took the survey. Do I get the Salary Report for free?

We greatly appreciate your contributions to the AAPA Salary Survey and your support of accurate PA salary data. We provide all nonmembers with the National Salary Summary, which includes high-level data for specialties, settings, and locations. This report is released in July each year. Complimentary access to the full AAPA Salary Report is a benefit reserved for AAPA members. For your free Salary Report and many other discounts and perks, become a member today!

Before I purchase a report, how can I know if you have the information I am looking for?

AAPA believes that by providing the 10th to 90th percentiles, typical compensation can be estimated for any specialty. You may also contact us via email with your specialty, state, and experience, and we can let you know if there is sufficient data. Please note that this may take up to five business days to respond due to high volume of emails.

I am looking for older salary information. Do you still have this available?

Past reports are free for AAPA members and available for purchase by nonmembers. Additionally, the Digital Salary Report (DSR) has features affording users the ability to compare compensation data from multiple years in one customized table. AAPA members have free access to all data years available within the DSR; however, nonmembers can only compare data between Salary Reports they have individually purchased.