2023 AAPA Salary Report

NATIONAL SUMMARY

American Academy of Physician Associates

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A Word From the CEO

Dear PAs and Future PAs,

This is a critical moment in which our healthcare system faces a multitude of competing pressures: a growing aging population, inadequate access to mental health care, high rates of comorbidities like obesity and diabetes, and, most pressing, a dire healthcare workforce shortage. According to the Association of American Medical Colleges, there are not enough physicians to meet our country's healthcare needs. By 2034, there could be a shortage of 48,000 primary care physicians alone.

AAPA is advocating for improved laws and regulations that will empower PAs to practice to the full extent of their education, training, and experience. The Bureau of Labor Statistics estimates that PA employment will increase 28% between 2021 and 2031, making PAs a crucial part of the solution to our workforce crisis and expanding access to care for all patients.

PAs are well recognized for the effective, high-quality care they provide every day. In 2022, PAs saw gains in both salary and benefits as a result. To help better understand how the PA profession has grown and changed in response to our system's current challenges, the 2023 AAPA Salary Report offers a closer look at PA compensation, the state of the hiring environment for new graduates, demand for PAs in rural and metro areas, and more. Some of the trends reported by the more than 10,000 PAs who responded to the 2023 AAPA Salary Survey include the following:

- PA median compensation increased from $115,000 in 2021 to $120,000 in 2022.
- Over 88% of PAs received professional development funds from their primary employers. The median amount of annual professional development funds was $2,000.
- Median compensation for PAs who were not working in metropolitan areas was often comparable to PAs in urban settings. In some specialties, such as emergency medicine, median compensation was approximately $10,000 higher in non-metropolitan settings.
- PAs who graduated in the last three years had a median compensation of $110,000 and often found careers in their desired location and specialty.

There are even more insights available in the 2023 AAPA Salary Report, which will help you to advocate on behalf of yourself and your profession. AAPA produces the only PA compensation resource with data across a variety of groups, including specialty area, work setting, employer type, and years of experience. This is necessary information for PAs to have, particularly when considering job offers and negotiating contracts. In addition, the AAPA Salary Report provides data on bonuses (separate from base salary and wages) and fringe benefits, such as professional development funding.

We hope the 2023 AAPA Salary Report will serve as an essential resource while 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 the 2023 AAPA Salary Report were collected via the 2023 AAPA Salary Survey between Jan. 24 and March 7, 2023. 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 12,180 PAs responded to at least some of the questions in the 2023 AAPA Salary Survey, resulting in a margin of error of +/- 0.88% at the 95% confidence level. However, response rates and margins of error vary by section and breakout. For example, 11,781 PAs completed most 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 2023 AAPA Salary Report, respondents must have worked 32 hours or more per week in 2022 and have been based in the U.S. The primary reason for the 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.

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, 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, are 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. The BLS compensation estimate was produced by BLS using data collected in the May 2022, November 2021, May 2021, November 2020, May 2020, and November 2019 semiannual panels.
- 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 2022	Rolling collection from Jan. 1, 2020 to Dec. 31, 2022	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, 2020 and Dec. 31, 2022	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." Mid-points 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 compensation	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	$120,000	$115,000	$126,010

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 2022, November 2021, May 2021, November 2020, May 2020, and November 2019 semiannual panels

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 Salary Report findings, 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 PAs paid hourly, 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 2023 AAPA Salary Survey, the PA profession, compensation, and benefits in calendar year 2022.

ABOUT THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES (AAPA)

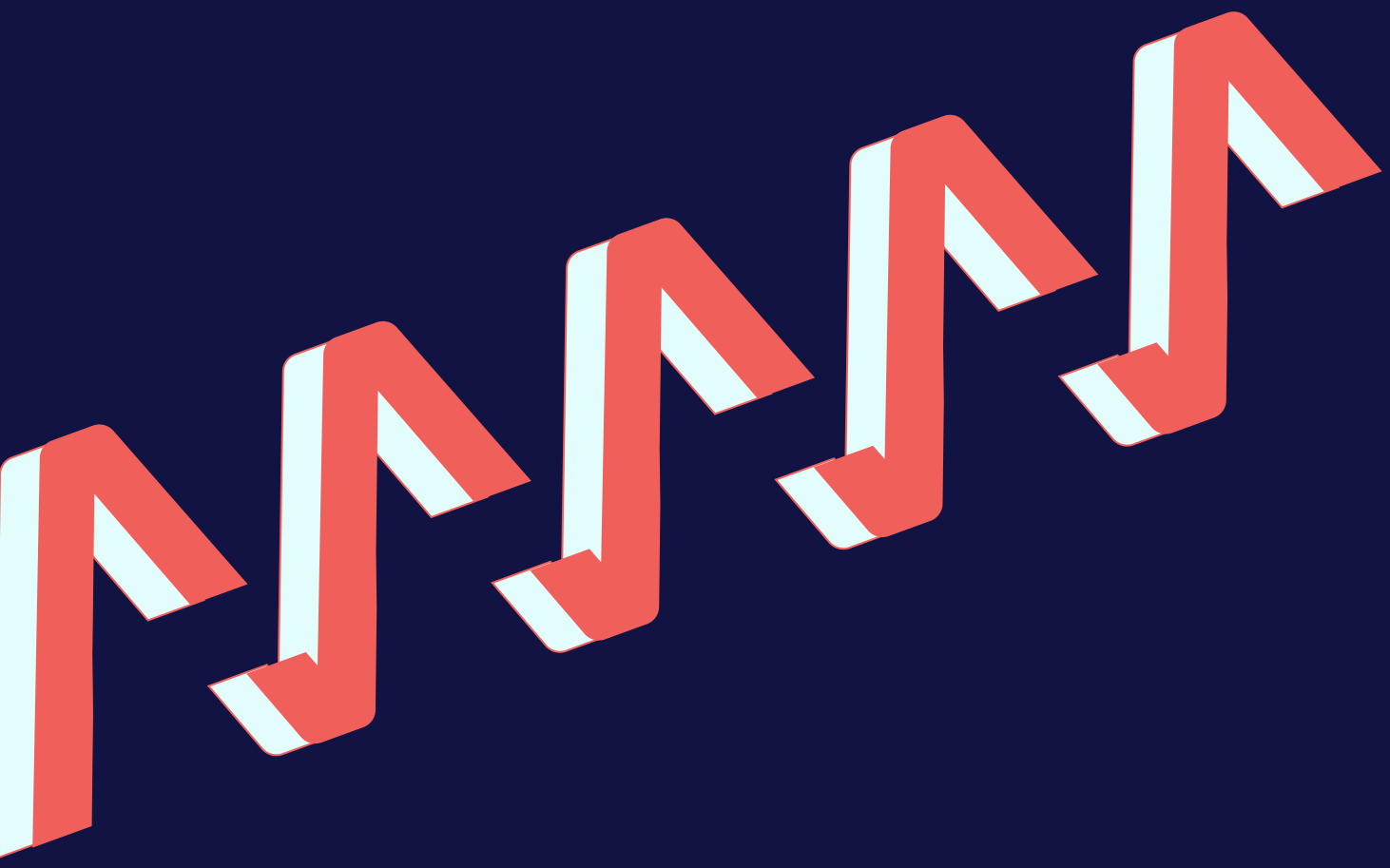
Founded in 1968, the American Academy of Physician Associates (AAPA) is the national professional society for PAs (physician associates/physician assistants). It represents a profession of more than 168,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

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 sixth 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.

How to Cite

American Academy of PAs. (2023). 2023 AAPA Salary Report. Alexandria, VA.

SUMMARY OF NATIONAL FINDINGS



Who Are PAs?

PAs (physician associates/physician assistants) 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 55 years. Educated at the master's degree 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 300 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 27 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.

PAs GO BEYOND

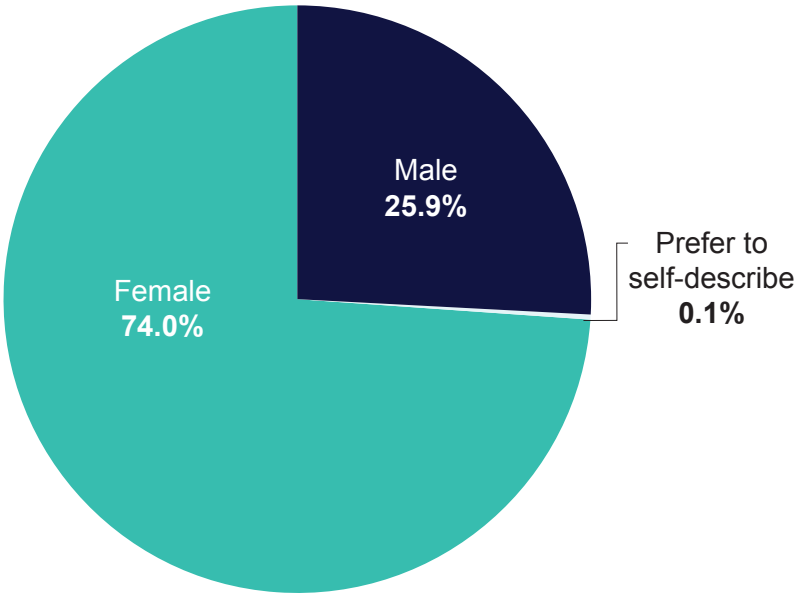
PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, 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 2023 AAPA Salary Survey, more than seven in 10 respondents (74.0%) were female (Figure 1), a proportion that has been increasing for the past 30 years. Approximately eight in 10 PAs (85.4%) were white and 6.4% reported they were of Hispanic, Latinx, or Spanish origin (Figure 2). Two in three (67.8%) PAs were under 40 years of age (Figure 3), and six in 10 PAs (62.8%) 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 2023 top jobs in the U.S., according to U.S. News and World Report.

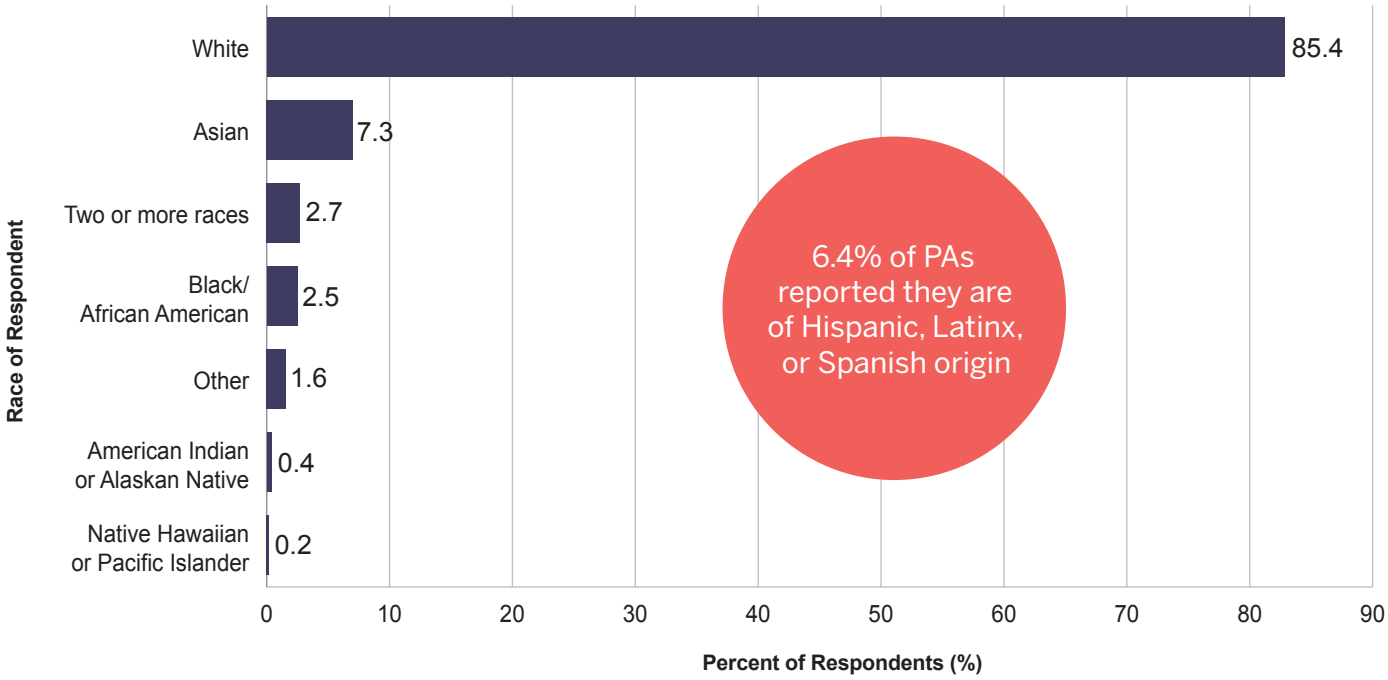
Three specialties accounted for almost one-third of the PAs in this survey, just as in the last several years: family medicine (13.1%), orthopaedic surgery (9.7%), and emergency medicine (7.4%; Figure 5). AAPA defines "urgent care" as a separate specialty from family medicine and emergency medicine, and it is the fourth-most reported specialty in which PAs practice (6.5%).

FIGURE 1. Distribution of PAs by Gender



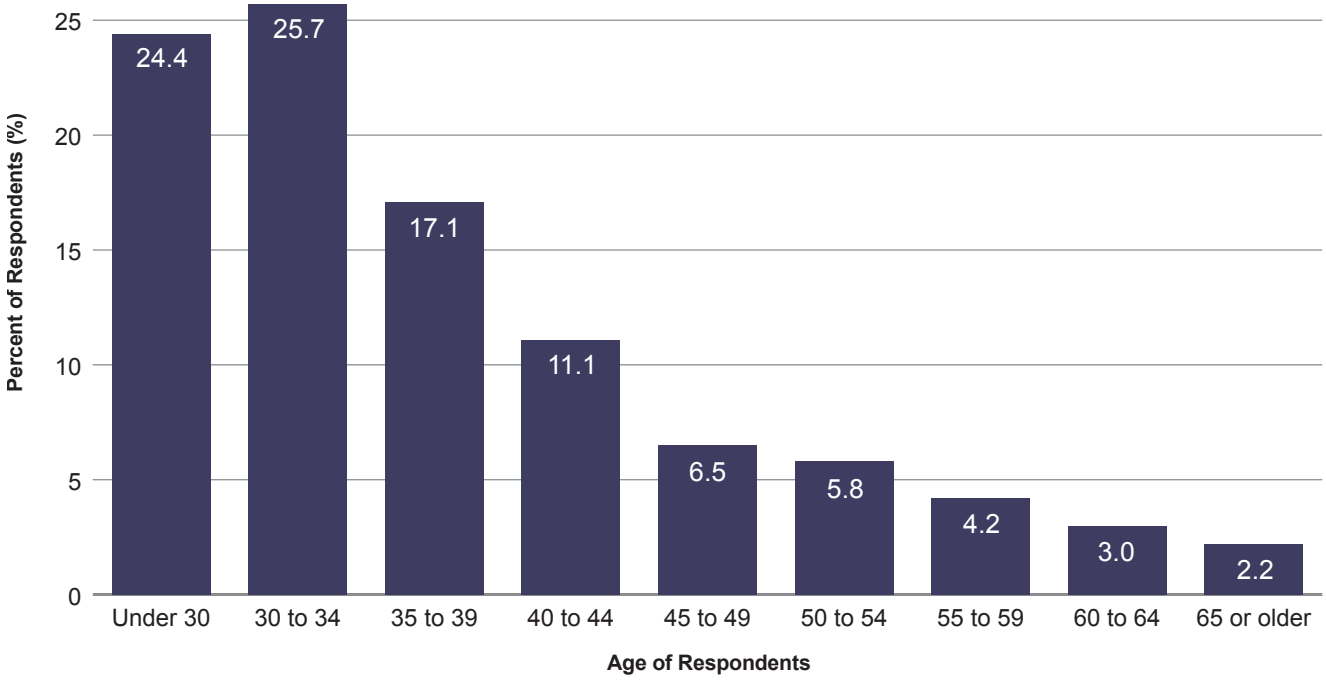
Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey.

FIGURE 2. Distribution of PAs by Race and Ethnicity



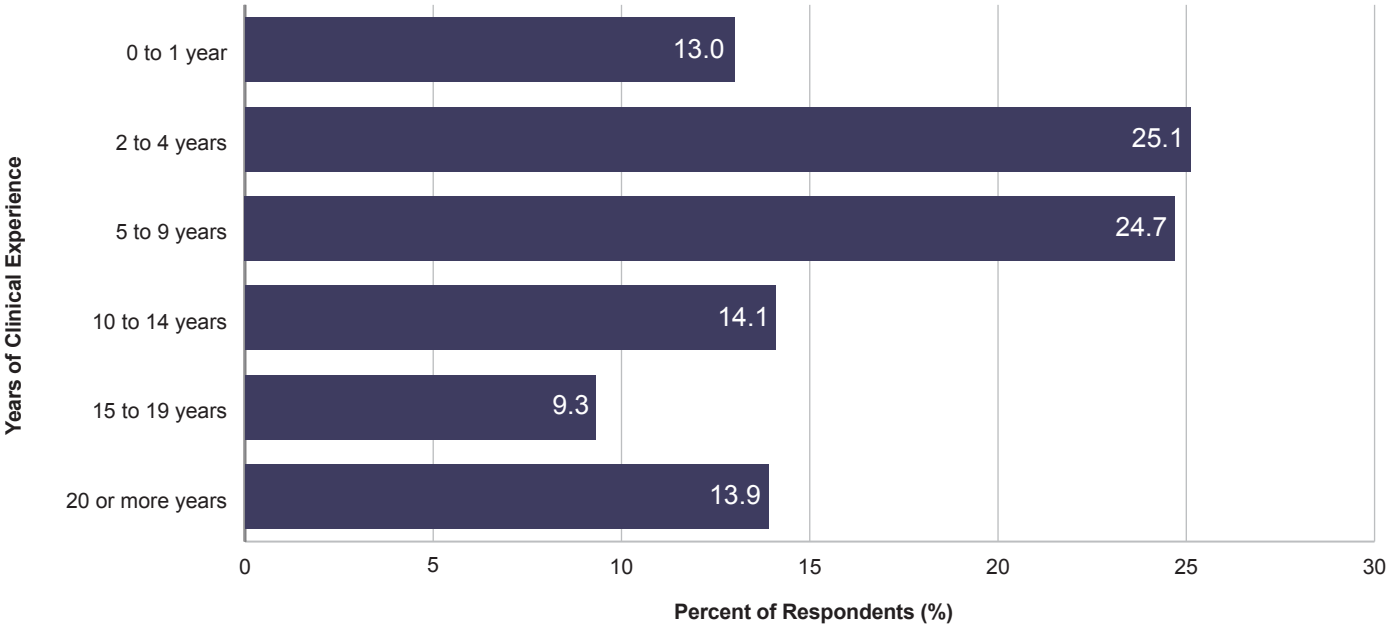
Note: Race and ethnicity were two separate questions on the 2023 AAPA Salary Survey. First, respondents were asked which race best identifies them, and these responses appear in the bars on Figure 2. Then, respondents were asked if they are of Hispanic, Latinx, or Spanish origin. These responses can be viewed within the insert in Figure 2.

FIGURE 3. Distribution of PAs by Age



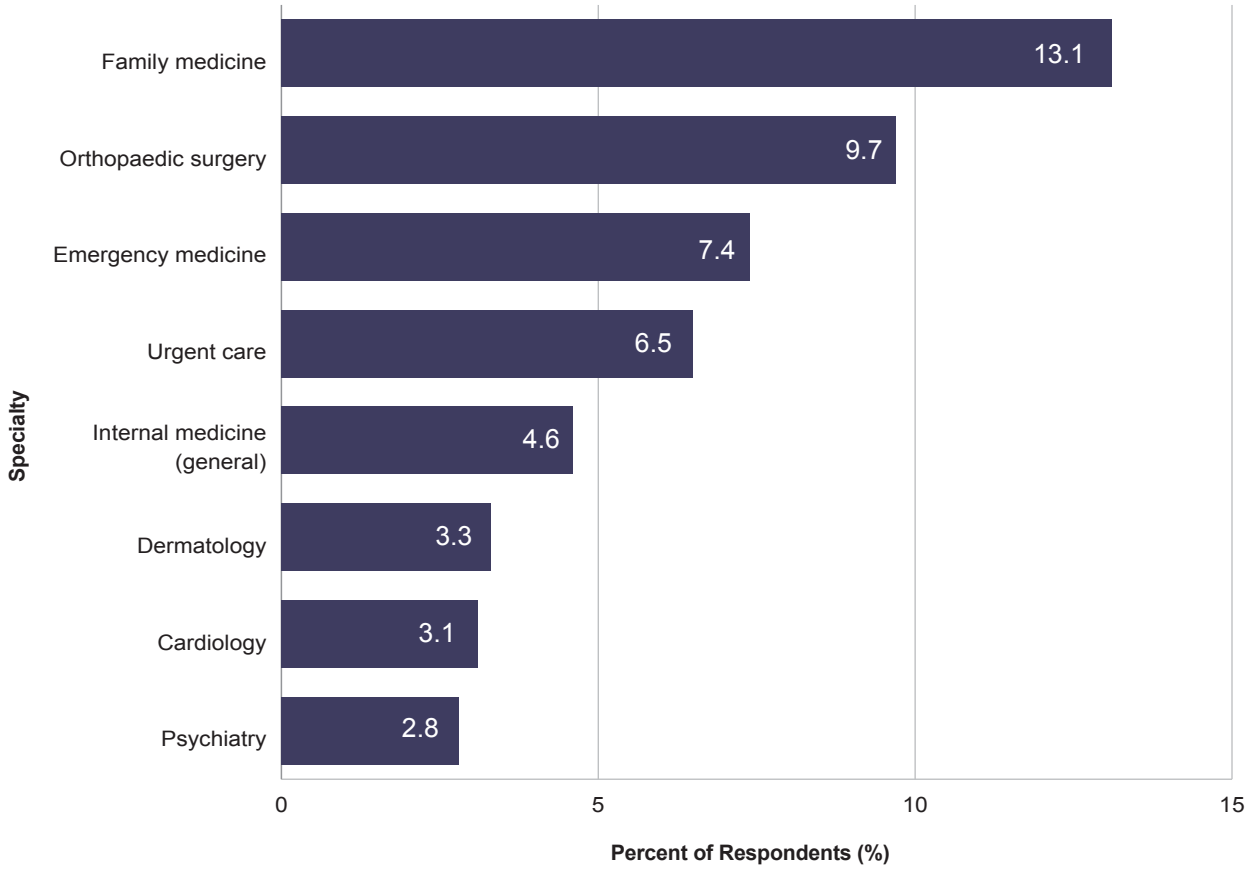
Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey.

FIGURE 4. Distribution of PAs by Years of Clinical Experience



Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey.

FIGURE 5. Distribution of PAs by Specialty



Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey. Only the top eight specialties are listed, excluding "no medical specialty." The 2023 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.

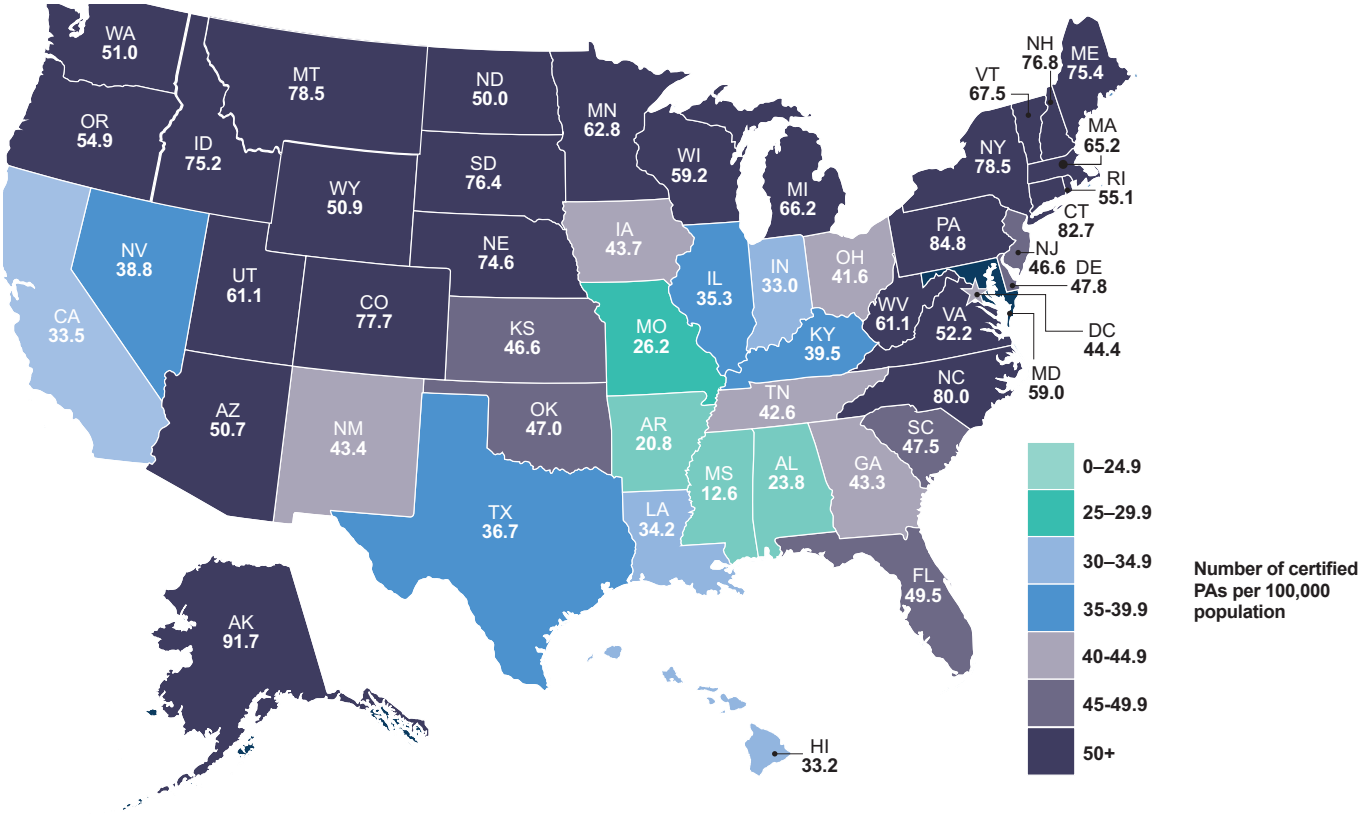
PAs Work Everywhere

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 91.7 PAs per 100,000 people, Pennsylvania (84.8), Connecticut (82.7), North Carolina (80.0), and Montana (78.5), 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 (15,449), California (13,068), Florida (11,011), Texas (11,008), and Pennsylvania (10,999) top the charts. The states with the lowest numbers of PAs per 100,000 population are Mississippi (12.6), Arkansas (20.8), Alabama (23.8), Missouri (26.2), and Indiana (33.0). States and districts with the lowest absolute number of PAs include Wyoming (296), the District of Columbia (298), Mississippi (369), North Dakota (390), and Vermont (437). Figure 6 shows the per capita distribution of PAs by state and the District of Columbia.

PAs ARE EVERYWHERE IN THE U.S.

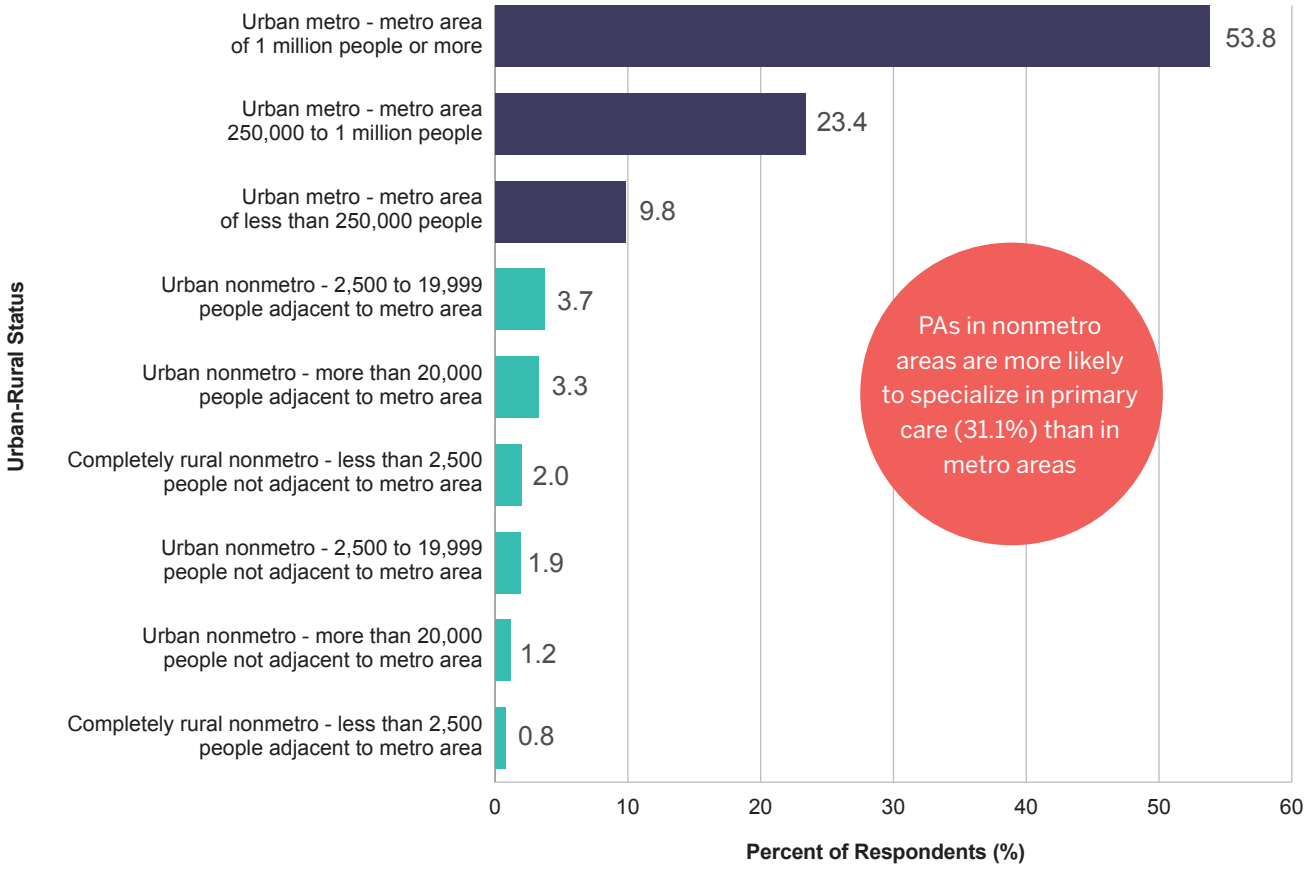
PAs practice all over the U.S. While New York has the greatest number of PAs (15.449), Alaska has the highest number of PAs per capita (91.7 per 100,000 population). Almost one in 8 PAs work in nonmetro or completely rural areas, and over half currently use telehealth or telemedicine in their clinical practice.

FIGURE 6. Distribution of Certified PAs per Capita by State



Data source: National Commission on Certification of Physician Assistants, Inc. (2023, May) 2022 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved May 1, 2023, from nccpa.net/research.

FIGURE 7. Geographic Distribution of PAs by Metropolitan Area



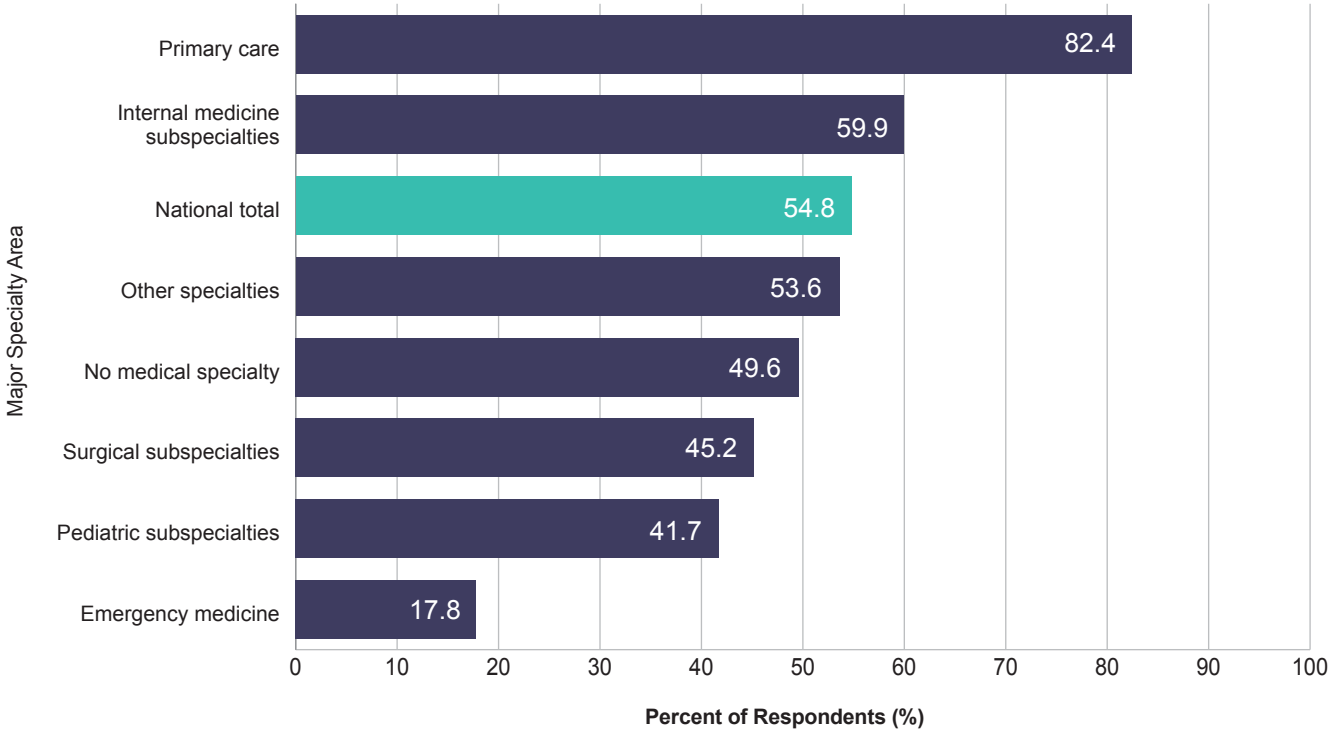
Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey.

Approximately seven in 8 PAs (87.0%) work in metro areas, with almost one-eighth (13.0%) working in nonmetro or completely rural areas (see Figure 7). More information about how PAs are distributed across the country can be found in PA Supply and Demand.

In addition to working across the U.S., PAs are expanding access to healthcare through telehealth and telemedicine. About half of all PAs (54.8%) used telemedicine in their clinical work within the last year. Primary care PAs (82.4%) were the most likely to report using telehealth or telemedicine, followed by PAs in internal medicine (59.9%) and those in other specialties (53.6%). Approximately two in five PAs in pediatric subspecialties (41.7%) reported using telehealth or telemedicine, which was similar to the number of PAs in surgical subspecialities (45.2%) incorporating telehealth services into their practice. PAs in emergency medicine had the lowest utilization of telehealth services (17.8%). These trends in telehealth use are similar proportionally to the 2022 Salary Report, however, the overall use of telehealth declined between 2021 and 2022 (61.4% versus 54.8%). This reduction in utilization may be indicative of post-COVID-19 pandemic trends. However, the use of telehealth is still more prevalent than it was pre-COVID-19 pandemic; in 2019, 9.6% of PAs reported using it. For more information on PAs' utilization of telehealth, refer to Figure 8.

Telehealth usage declined between 2021 and 2022: 61.4% to 54.8%

FIGURE 8. Utilization of Telehealth by Specialty

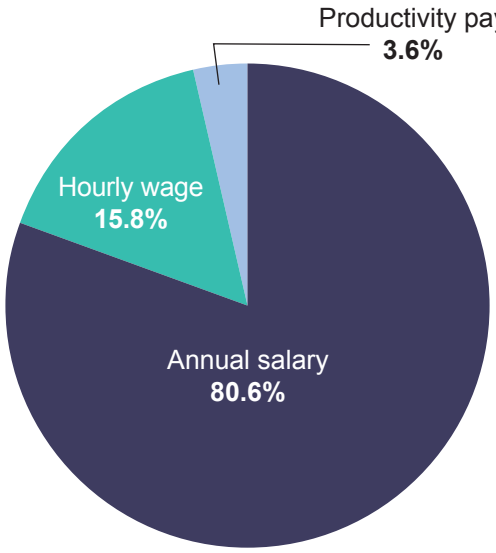


Note: The data reflect all PAs who responded to the 2023 AAPA Salary Survey.

PA Compensation Varies by Multiple Factors

In 2022, four in five full-time PAs (80.6%) reported that they were paid an annual base salary; 15.8% received an hourly wage, while 3.6% were paid based on productivity, either entirely or in combination with a guaranteed minimum base compensation (Figure 9). The median annual base salary was $119,000, reflecting an increase from $113,000 in 2021. The median hourly wage was $65.88, up from $63.08 in 2021. Median productivity-based compensation was $180,000, also up from $170,000 in 2021. Overall, the total median compensation across all earning types was $120,000 (with annualized hourly wages), a 4.3% increase from $115,000 in 2021. Among full-time PAs, about half (52.4%, down from 55.5% in 2021) received a bonus, and for those that did, the median bonus was larger than the previous year's: $6,000, up from $5,000. 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

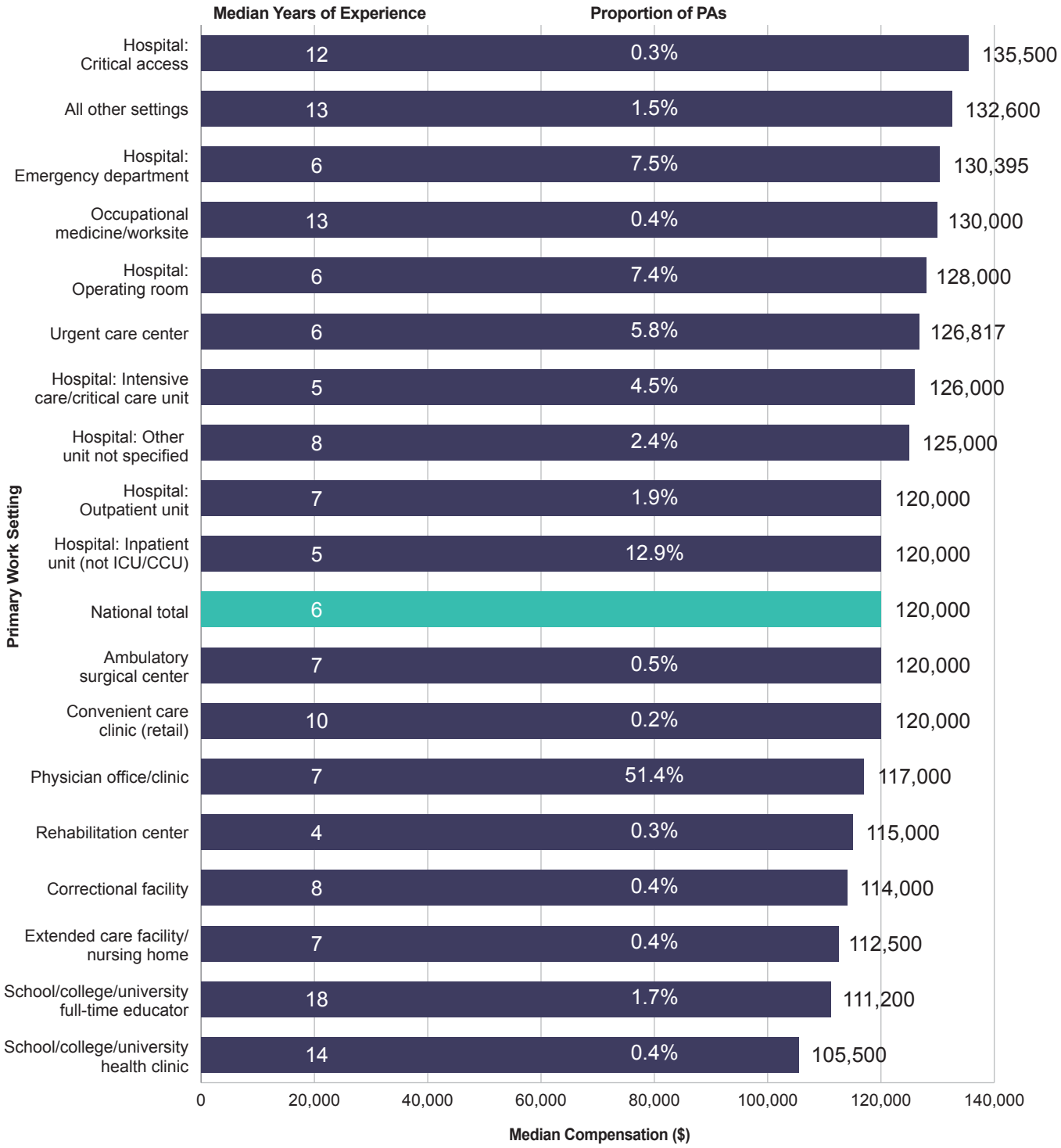


2022 Median PA Compensation
Base salary: $119,000
Hourly wage: $65.88
Productivity pay: $180,000
Profession-wide compensation: $120,000
Annual bonus: $6,000

Note: The data reflect PAs who worked 32 hours or more per week in 2022

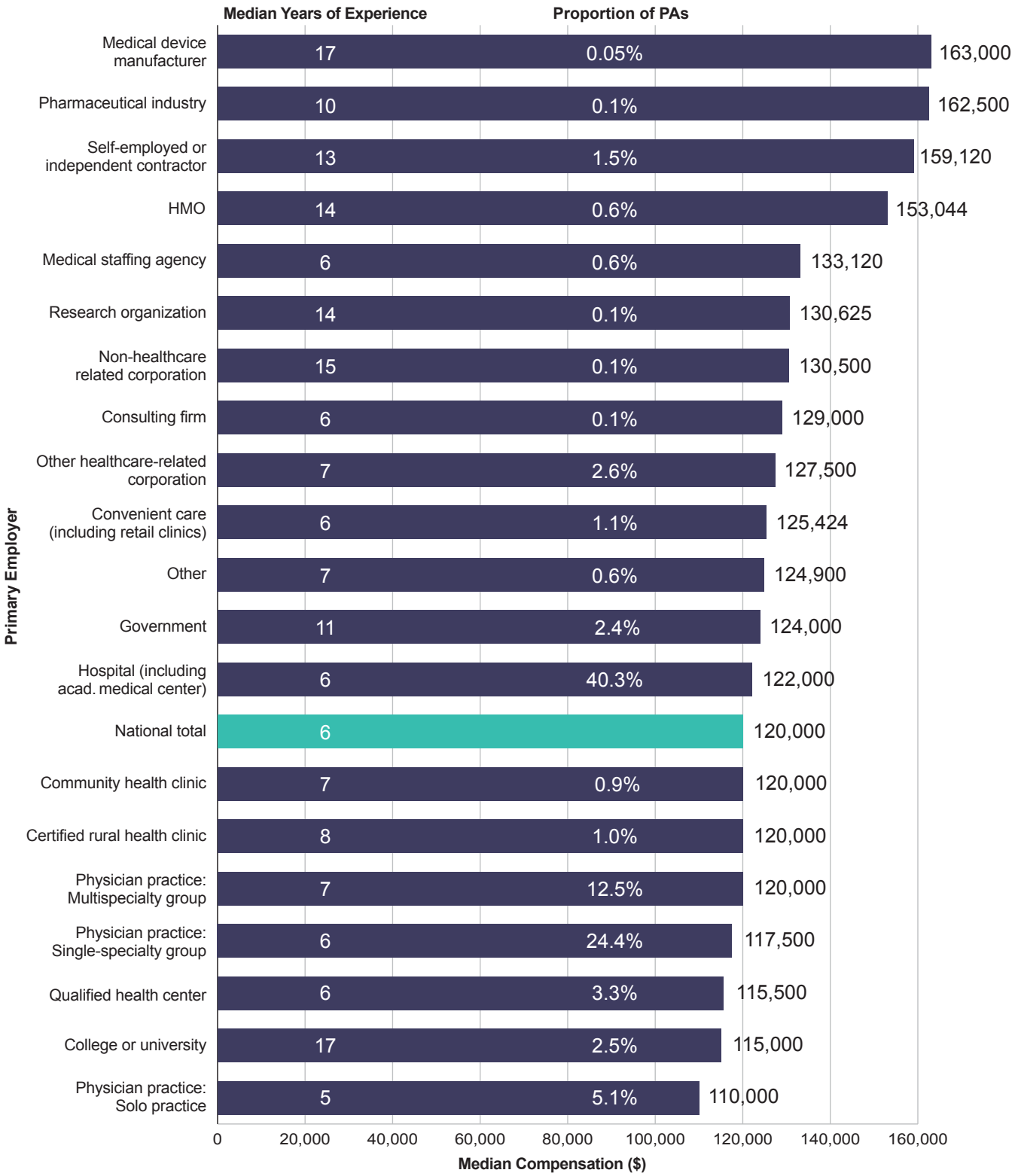
Where a PA works (Figure 10), and for whom a PA works (Figure 11), are related to their compensation. PAs who work in hospitals (regardless of type) reported median compensation of $122,000, up from $120,000 in 2021. However, compensation can vary between work settings, even within a hospital. PAs in school/college/university health clinics ($105,500), extended care facilities/nursing homes ($112,500), and correctional facilities ($114,000) reported the lowest median compensation. PAs in occupational medicine/worksites ($130,000), hospital emergency departments ($130,395), and critical access hospitals ($135,500) reported the highest median compensation (Figure 10). See Tables 20 and 21 of the Salary Report 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 2023 AAPA Salary Survey.

FIGURE 11. Median Compensation From Primary Employer by Employer Type

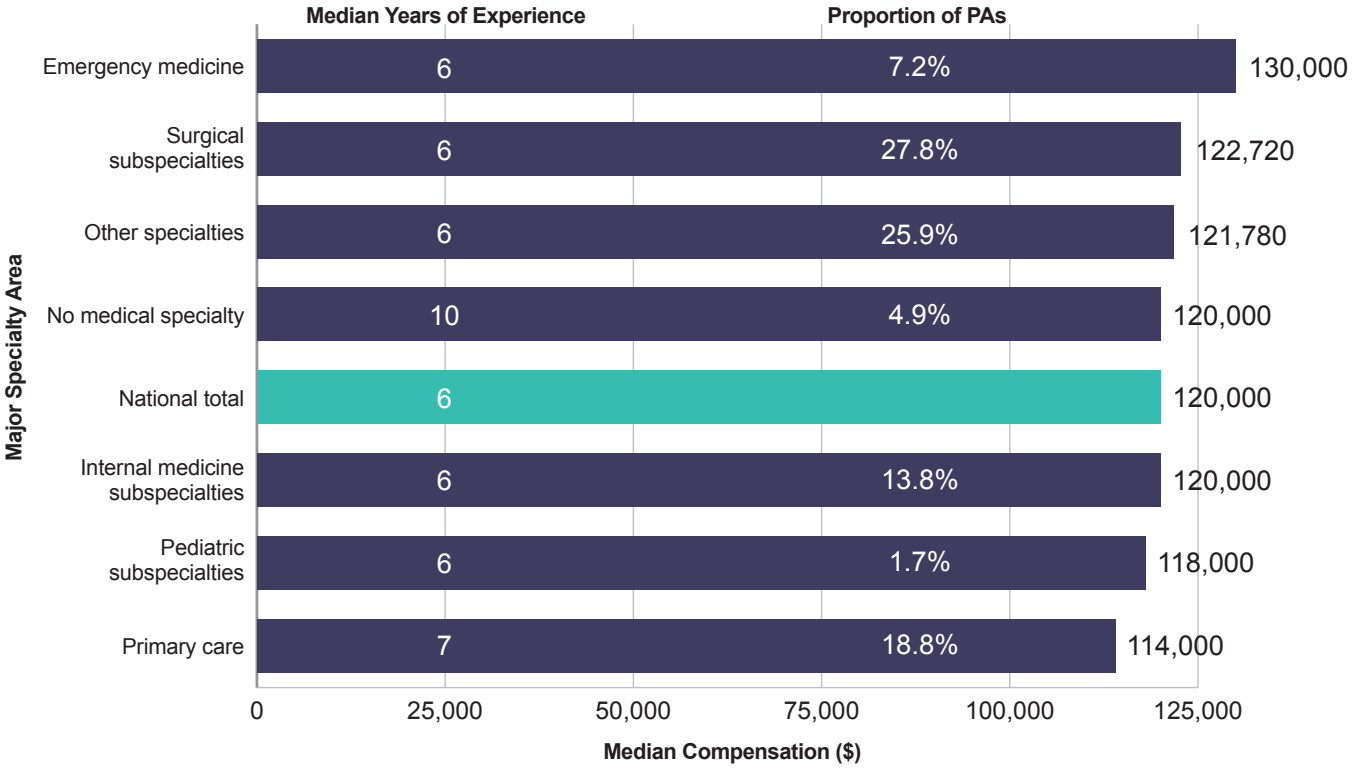


Note: The data reflect PAs who worked 32 hours or more per week in 2022. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. Percentages inside bars indicate the percentage of PAs who report that employer type as their primary employer type. The 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 2023 AAPA Salary Survey. Responses do not sum to 100% due to rounding error.

PAs whose employer is a physician practice (solo practice, $110,000), a college or university ($115,000), or a federally qualified health center ($115,500) reported the lowest median compensation; these PAs comprised 10.8% of respondents and, in two of the three employer types, median years of experience were at or below the national median of six years. PAs who are employed by an HMO ($153,044), the pharmaceutical industry ($162,500), or a medical device manufacturer ($163,000) reported the highest median compensation (Figure 11). These PAs comprised 0.7% of respondents to the survey and their median years of experience were all above the national median of six years. For more information, see Tables 23 and 24 of the Salary Report.

PAs who practice emergency medicine as their major specialty area earned more than PAs in other major specialty areas ($130,000; 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 ($114,000). See Tables 10 and 11 of the Salary Report for more information.

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



Note: The data reflect PAs who worked 32 hours or more per week in 2022. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. 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 2023 AAPA Salary Survey.

Compensation and Cost of Living Vary by State

While it is generally true that 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 a 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 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 only the state-level buying power for the median salary or hourly wage within a state. 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 2022, the median PA salary in the United States was approximately $119,000, and the median hourly wage was $65.88. 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. Likewise, states with higher compensation tend to have a higher cost of living, so a PA's dollars may not go as far.

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.

While California, Hawaii, and Alaska have the top three base salaries, and Washington, Alaska, Arizona, and California have the top 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, Missouri, and Michigan (Figure 14). The top three for hourly wage are Oklahoma, Arizona, and Louisiana (Figure 16). All of these states have a cost of living lower than the national average, which 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.

FIGURE 13. Median Base Salary by State Rankings

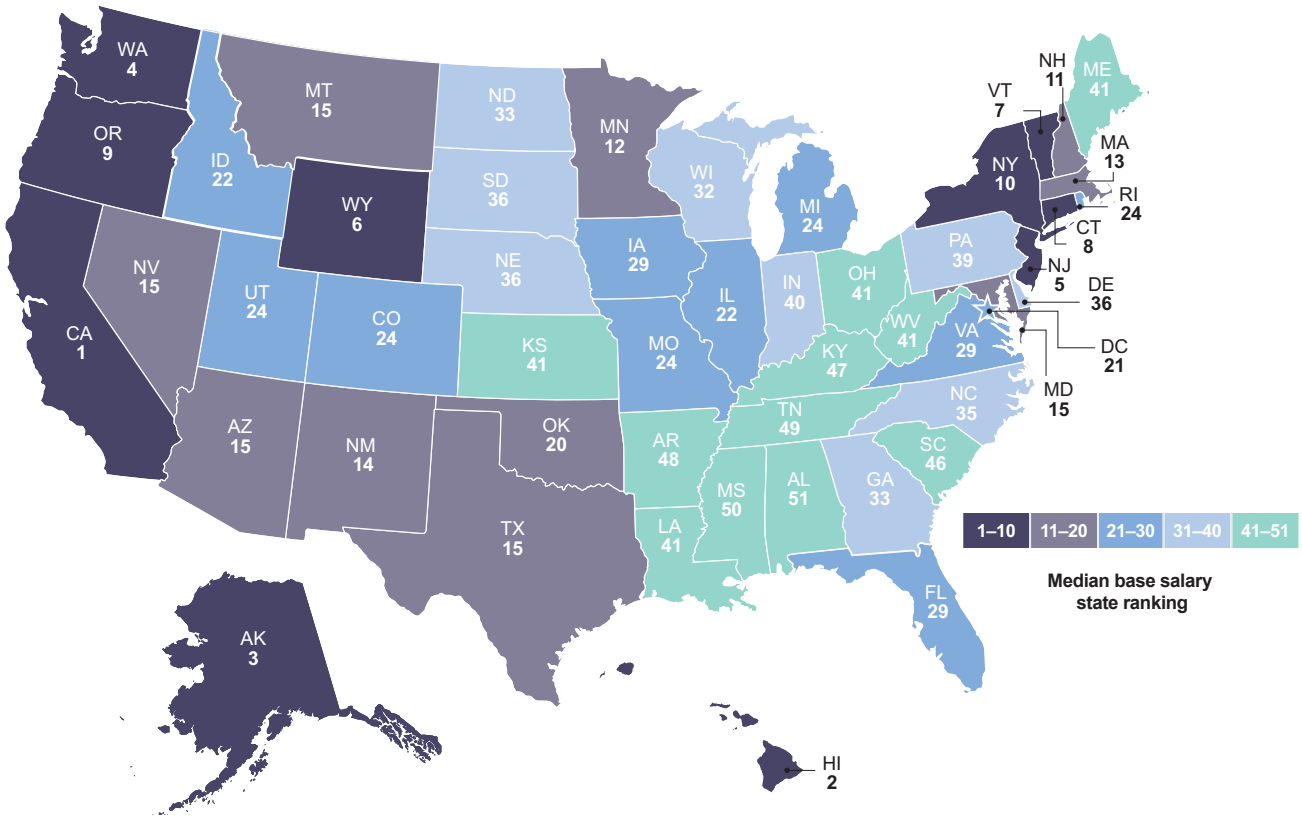


FIGURE 14. Cost-of-Living Adjusted Salary by State Rankings

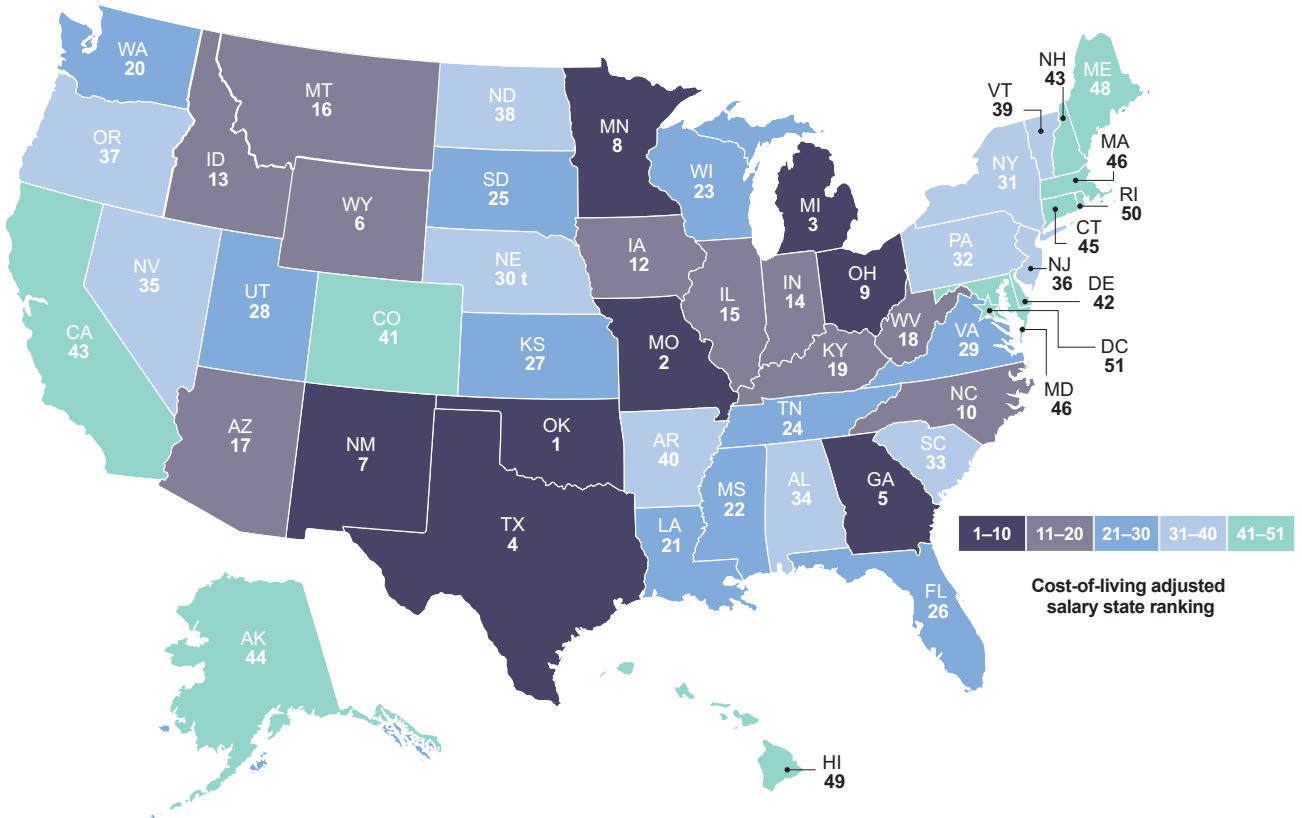


CHART 1. Actual and Cost-of-Living Adjusted Median Base Salary and Rankings by State

STATE	MEDIAN BASE SALARY ($)	BASE SALARY STATE RANKING	COST-OF-LIVING ADJUSTED BASE SALARY ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	100,000	51	115,441	34
Alaska	131,625	3	107,196	44
Arizona	120,000	15	125,914	11
Arkansas	104,500	48	123,851	17
California	140,000	1	111,207	40
Colorado	115,000	24	111,180	41
Connecticut	125,438	8	106,082	45
Delaware	112,000	36	109,272	42
District of Columbia	118,500	21	79,523	51
Florida	114,000	29	120,886	26
Georgia	113,000	33	129,976	5
Hawaii	135,000	2	96,499	49
Idaho	116,000	22	125,130	13
Illinois	116,000	22	124,569	15
Indiana	111,000	40	124,718	14
Iowa	114,000	29	125,256	12
Kansas	110,000	41	120,419	27
Kentucky	105,500	47	122,849	19
Louisiana	110,000	41	121,518	21
Maine	110,000	41	101,025	47
Maryland	120,000	15	101,709	46
Massachusetts	122,000	13	98,524	48
Michigan	115,000	24	135,167	3
Minnesota	122,027	12	127,711	8
Mississippi	100,005	50	121,481	22
Missouri	115,000	24	136,526	2
Montana	120,000	15	124,075	16
Nebraska	112,000	36	119,349	30
Nevada	120,000	15	114,668	35
New Hampshire	122,900	11	109,158	43
New Jersey	128,000	5	112,936	36
New Mexico	120,083	14	128,813	7
New York	123,000	10	117,565	31
North Carolina	112,550	35	126,904	10
North Dakota	113,000	33	112,547	38
Ohio	110,000	41	127,586	9
Oklahoma	118,700	20	136,658	1
Oregon	125,000	9	112,723	37
Pennsylvania	111,790	39	117,337	32
Rhode Island	115,000	24	96,068	50
South Carolina	107,500	46	116,853	33
South Dakota	112,000	36	120,889	25
Tennessee	104,000	49	120,980	24
Texas	120,000	15	133,613	4
Utah	115,000	24	119,679	28
Vermont	127,000	7	112,537	39
Virginia	114,000	29	119,556	29
Washington	131,000	4	122,454	20
West Virginia	110,000	41	123,655	18
Wisconsin	113,250	32	121,192	23
Wyoming	127,500	6	129,970	6
NATIONAL TOTAL	**119,000**			

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, if there was a three-way tie for fourth rank, the subsequent state was ranked seventh.

FIGURE 15. Median Hourly Wage by State Rankings

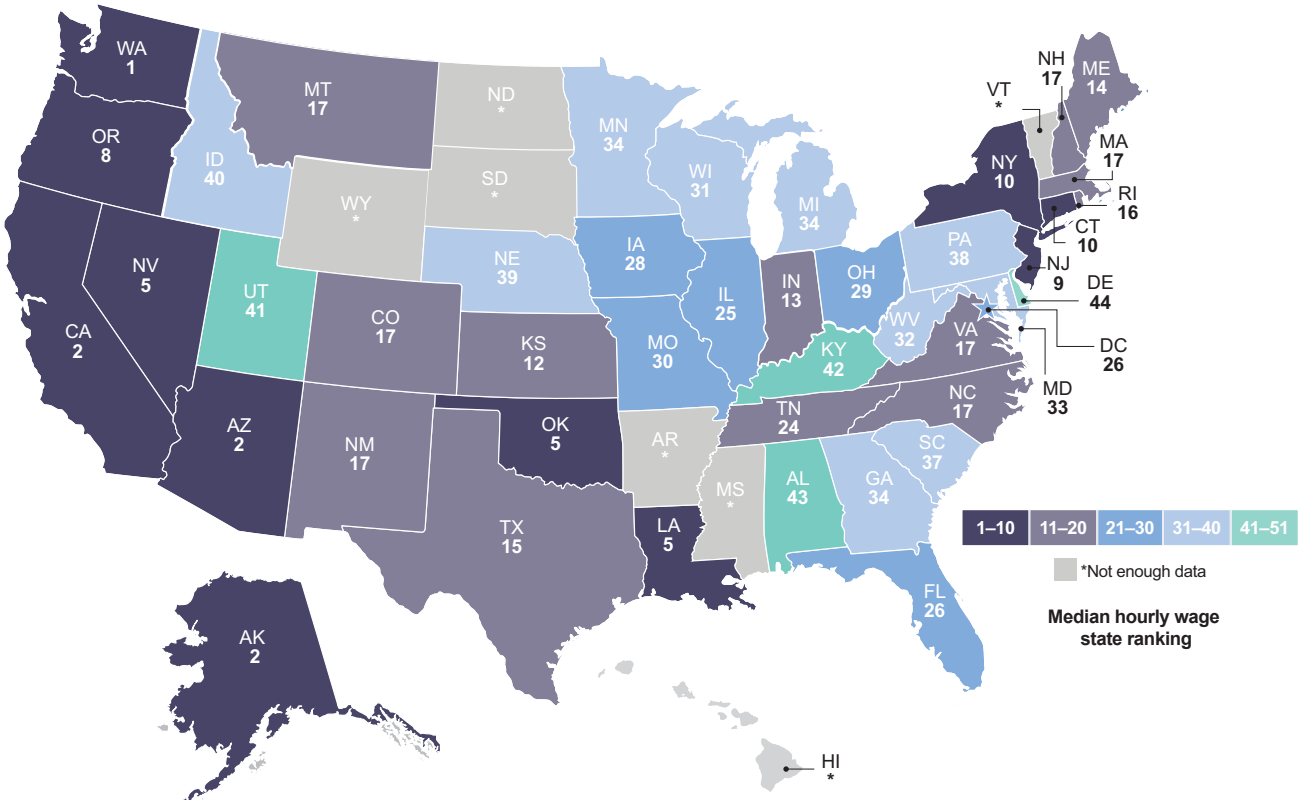


FIGURE 16. Cost-of-Living Adjusted Hourly Wage by State Rankings

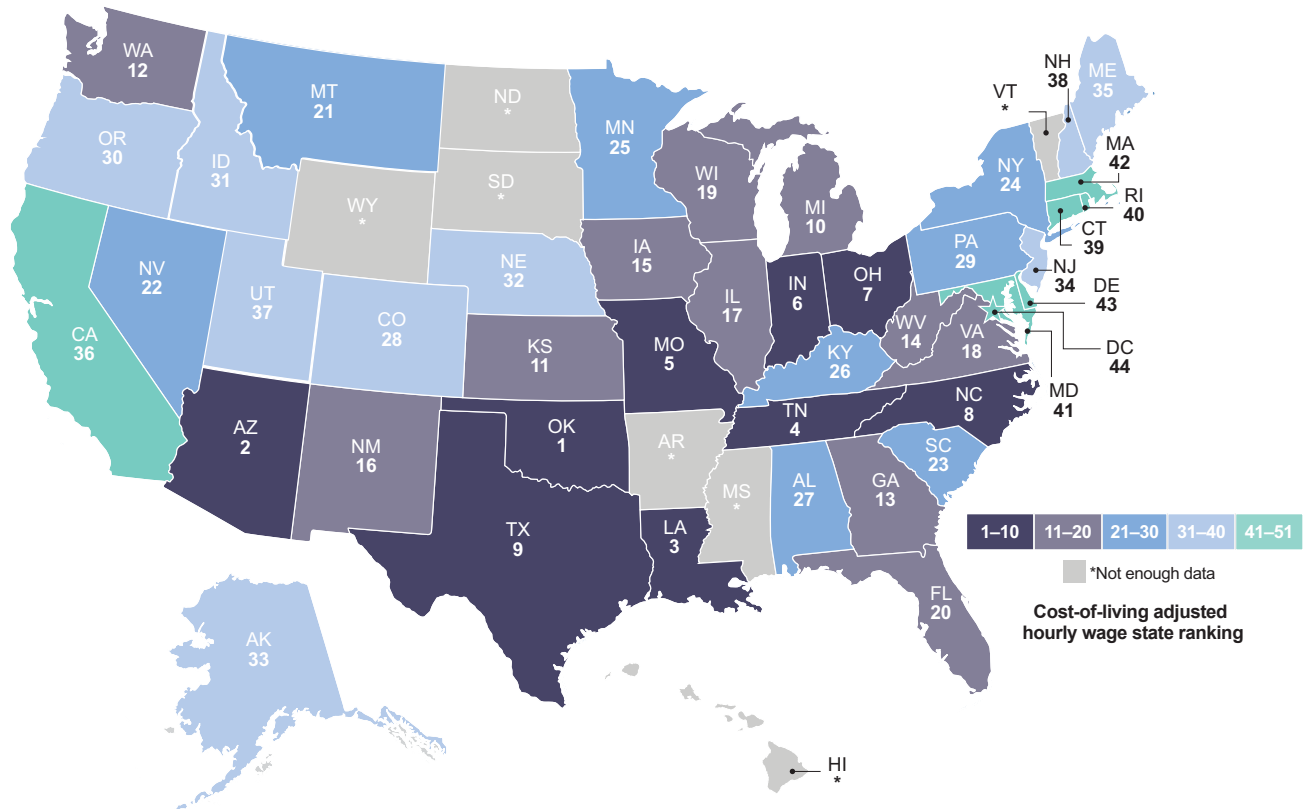


CHART 2. Actual and Cost-of-Living Adjusted Hourly Wages and Rankings by State

STATE	MEDIAN HOURLY WAGE ($)	HOURLY WAGE STATE RANKING	COST-OF-LIVING ADJUSTED HOURLY WAGE ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	55.00	43	63.49	27
Alaska	75.00	2	61.08	33
Arizona	75.00	2	78.70	2
Arkansas	*	*	*	*
California	75.00	2	59.58	36
Colorado	65.00	17	62.84	28
Connecticut	68.00	10	57.51	39
Delaware	51.00	44	49.76	43
District of Columbia	64.00	26	42.95	44
Florida	64.00	26	67.87	20
Georgia	62.00	34	71.31	13
Hawaii	*	*	*	*
Idaho	57.00	40	61.49	31
Illinois	64.50	25	69.26	17
Indiana	66.25	13	74.44	6
Iowa	63.84	28	70.14	15
Kansas	66.32	12	72.60	11
Kentucky	55.09	42	64.15	26
Louisiana	70.00	5	77.33	3
Maine	66.00	14	60.62	35
Maryland	62.75	33	53.19	41
Massachusetts	65.00	17	52.49	42
Michigan	62.00	34	72.87	10
Minnesota	62.00	34	64.89	25
Mississippi	*	*	*	*
Missouri	63.50	30	75.39	5
Montana	65.00	17	67.21	21
Nebraska	57.38	39	61.14	32
Nevada	70.00	5	66.89	22
New Hampshire	65.00	17	57.73	38
New Jersey	68.95	9	60.84	34
New Mexico	65.00	17	69.73	16
New York	68.00	10	65.00	24
North Carolina	65.00	17	73.29	8
North Dakota	*	*	*	*
Ohio	63.51	29	73.66	7
Oklahoma	70.00	5	80.59	1
Oregon	69.00	8	62.22	30
Pennsylvania	59.43	38	62.38	29
Rhode Island	65.50	16	54.72	40
South Carolina	60.00	37	65.22	23
South Dakota	*	*	*	*
Tennessee	64.88	24	75.47	4
Texas	65.82	15	73.28	9
Utah	56.00	41	58.28	37
Vermont	*	*	*	*
Virginia	65.00	17	68.17	18
Washington	76.40	1	71.41	12
West Virginia	63.00	32	70.82	14
Wisconsin	63.47	31	67.92	19
Wyoming	*	*	*	*
NATIONAL TOTAL	**65.88**			

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, if there was a three-way tie for fourth rank, 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.

New PA Graduates: Emerging from the Pandemic

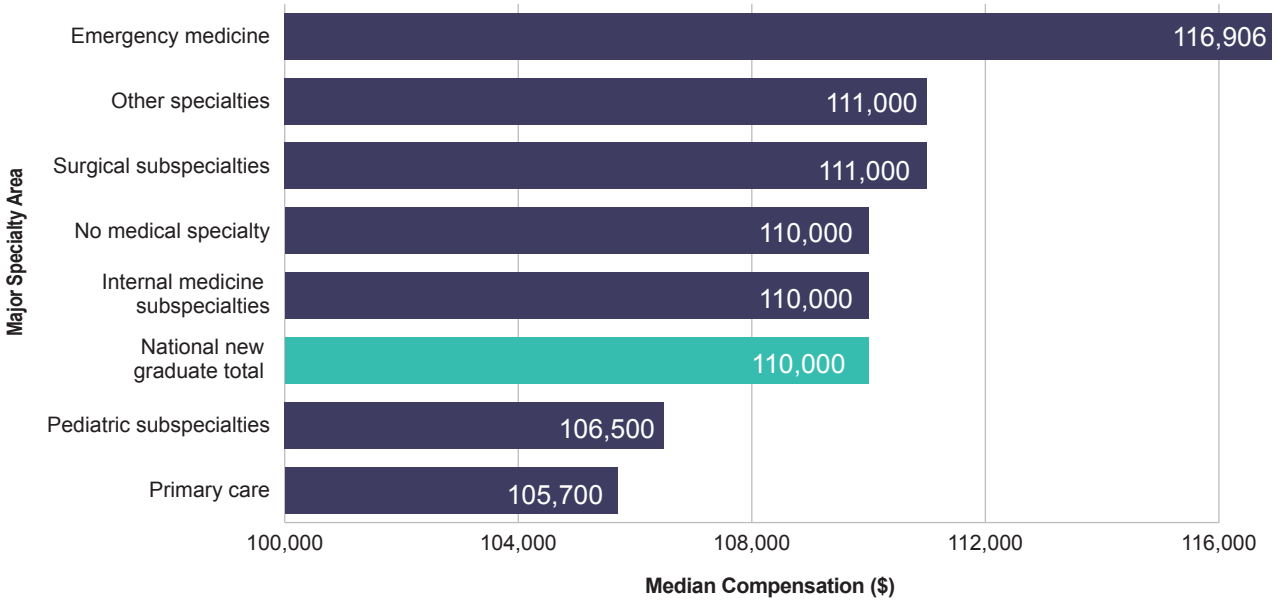
PA students around the country adapted to changes in education directly related to the impacts of the COVID-19 pandemic. From remote learning to completing clinical rotations during a national health emergency, students resiliently pushed through their training and became PAs. This year in the Salary Report, we are focusing on how PAs who graduated in 2019, 2020, and 2021 fared in their search for a career in their desired compensation, specialty, and location. On the low end, median compensation for newly graduated PAs in primary care was $105,700. However, similar to the rest of the PA population, the major specialty area with the highest compensation for new graduates was emergency medicine ($116,906, Figure 17).

In our AAPA Student Survey, we ask pre-PAs and PA students what they anticipate their compensation will be upon graduation. In the 2022 AAPA Student Survey, over nine in 10 (92.4%) respondents estimated making between $70,000 to $99,999 or $100,000 to $129,999 upon graduation. These compensation estimates resonate with the actual reported compensation received in 2022 by recent PA graduates (Figure 18). For more information on the career interests of PA students, feel free to review the data brief PA Students' Career Interests in 2022.

ARE NEW PA GRADUATES WORKING IN RURAL AREAS?

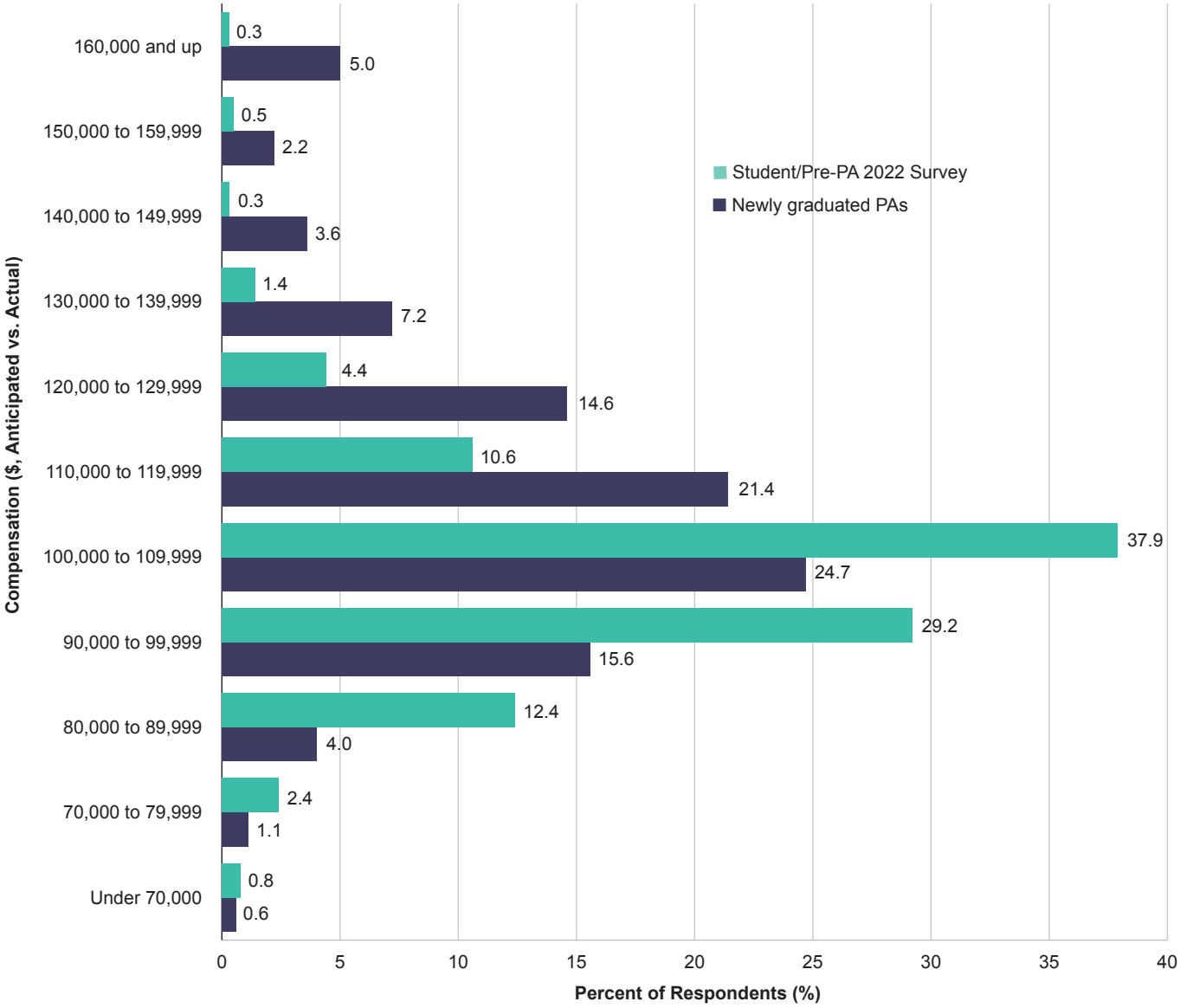
Approximately 53 percent of new grads were interested in working in a rural area, according to the 2022 AAPA Student Survey.

FIGURE 17. Median Compensation From Primary Employer for Newly Graduated PAs by Major Specialty Area



Note: The data reflect PAs who graduated between 2019 and 2021 and worked 32 hours or more per week in 2022. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay.

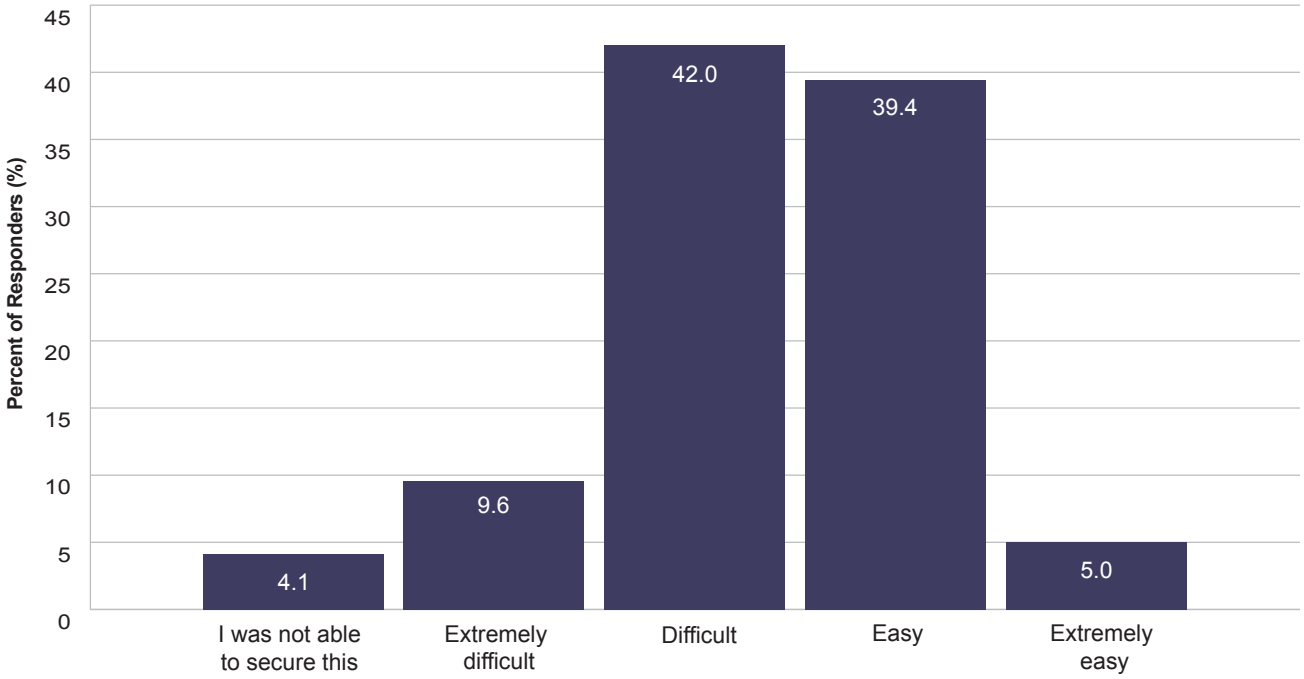
FIGURE 18. New Graduate Actual Compensation in 2022 and Student/Pre-PA Anticipated Compensation Based on the 2022 AAPA Student Survey



Note: The data reflect PAs who graduated between 2019 and 2021 and worked 32 hours or more per week in 2022. Student and Pre-PA response data were collected during the 2022 AAPA Student Survey.

Two in five (40.2%) of these newly graduated PAs were able to easily, or extremely easily, find a position with their desired compensation. However, more than half (54.6%) had a difficult or an extremely difficult time finding a position with their desired pay, and approximately 5% of new grads were unable to secure their desired compensation. Similar trends emerged when these PAs searched for positions within their desired specialty. Figure 19 illustrates the challenges PAs faced when they searched for positions between 2019 and 2021. While 4.1% were not able to get a position in their desired specialty, more than four in 10 new PA graduates had an easy (39.4%) or extremely easy (5.0%) search for positions in their chosen specialty.

FIGURE 19. Degree of Difficulty for New PAs to Secure a Position in their Desired Specialty



Note: The data reflect PAs who graduated between 2019 and 2021 and worked 32 hours or more per week in 2022.

PA students were often able to matriculate into their desired locations, but newly graduated PAs working in nonmetro areas reported more difficulties than their urban counterparts. Two in five (43.0%) PAs working in nonmetro settings had a difficult time finding a position in their desired location, and 5.0% were not able to find a position at all. Comparatively, only 38.1% of metro area PAs reported experiencing difficulties and 2.8% were unable to secure a position in their desired location.

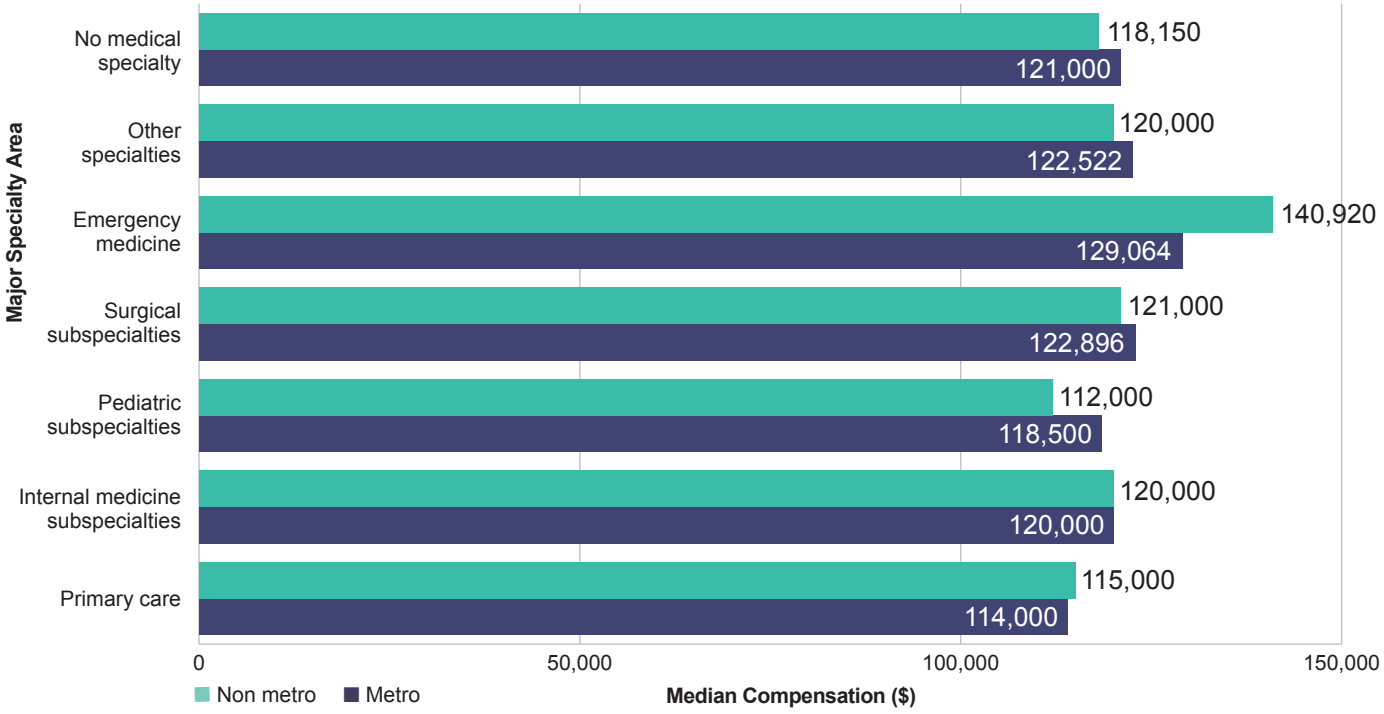
PA Supply and Demand

Although PAs are working in every state and territory in the U.S., they are not always evenly distributed because of specialty demands or environmental factors related to practice settings. For example, in nonmetro areas PAs are more likely to specialize in primary care than in metro areas (31.1% versus 17.0%). Moreover, PAs in nonmetro areas were more likely to be in physician offices or clinics than PAs in metro areas (59.0% versus 50.4%) and less likely to work in hospitals than PAs in metro areas (29.2% versus 38.0%).

AAPA explored some of these trends in PA supply in our data brief: PA Interest in Rural Locations, Medically Underserved Areas, and Health Professional Shortage Areas. In our analysis, we identified several barriers PAs reported as factors preventing them from working in a rural area, health provider shortage area, or medically underserved area. Among those factors was compensation. While compensation can vary for a multitude of geographic factors, nonmetro PAs surveyed in the 2023 Salary Survey often had comparable incomes to their metro counterparts. The highest earners in metro and nonmetro settings were PAs working in emergency medicine, however the median compensation for nonmetro emergency medicine PAs was almost $10,000 more than the median compensation for their metro area peers. With the exception of emergency medicine, pediatrics, and internal medicine subspecialty PAs, differences in median compensation between nonmetro and metro PAs ranged from $1,000 to about $2,800 (Figure 20).

13.0%
of PAs surveyed in the 2023 AAPA Salary Report worked in nonmetro areas

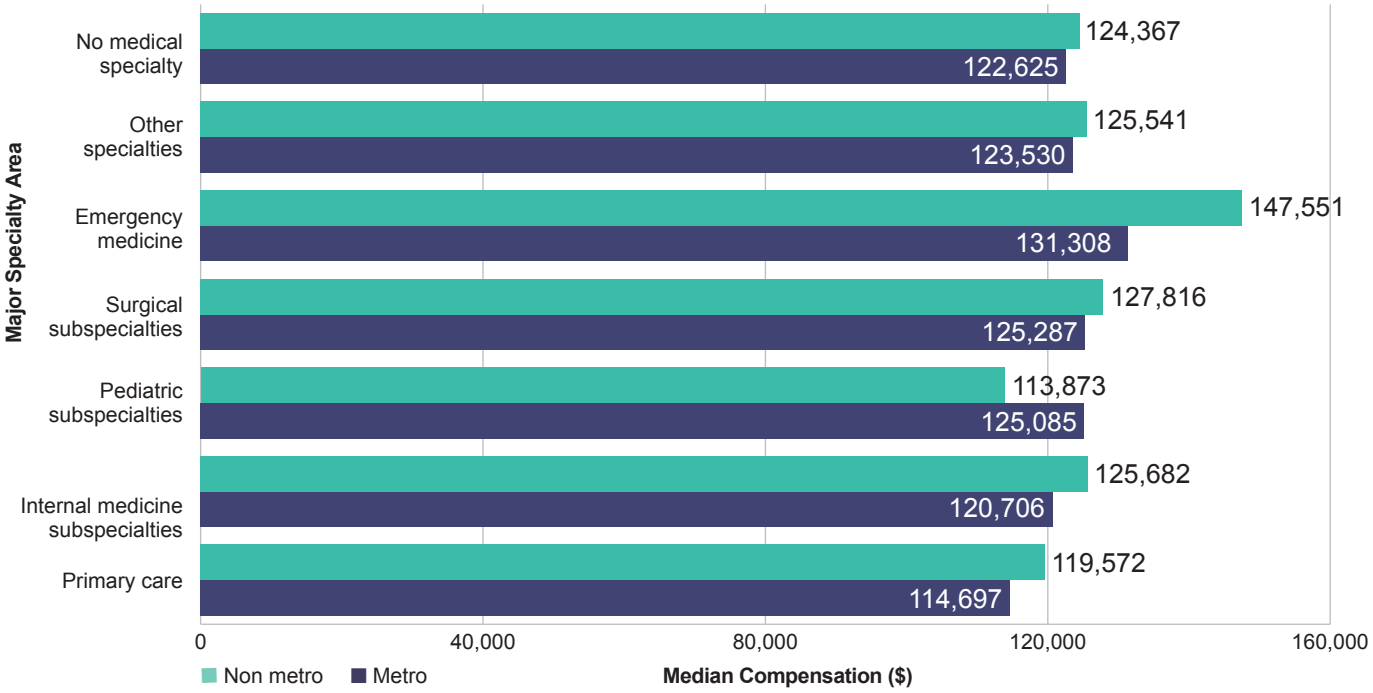
FIGURE 20. Differences in Rural-Urban Median Compensation by Major Specialty Area



Note: The data reflect PAs who worked 32 hours or more per week in 2022. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. 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 2023 AAPA Salary Survey.

When we take cost-of-living adjustments into account, nonmetro PAs across most specialties are earning more than PAs in metro areas. The exception is pediatric subspecialties, where PAs in metro areas had a cost-of-living adjusted median compensation almost $12,000 higher than their nonmetro counterparts. More details are available in Figure 21.

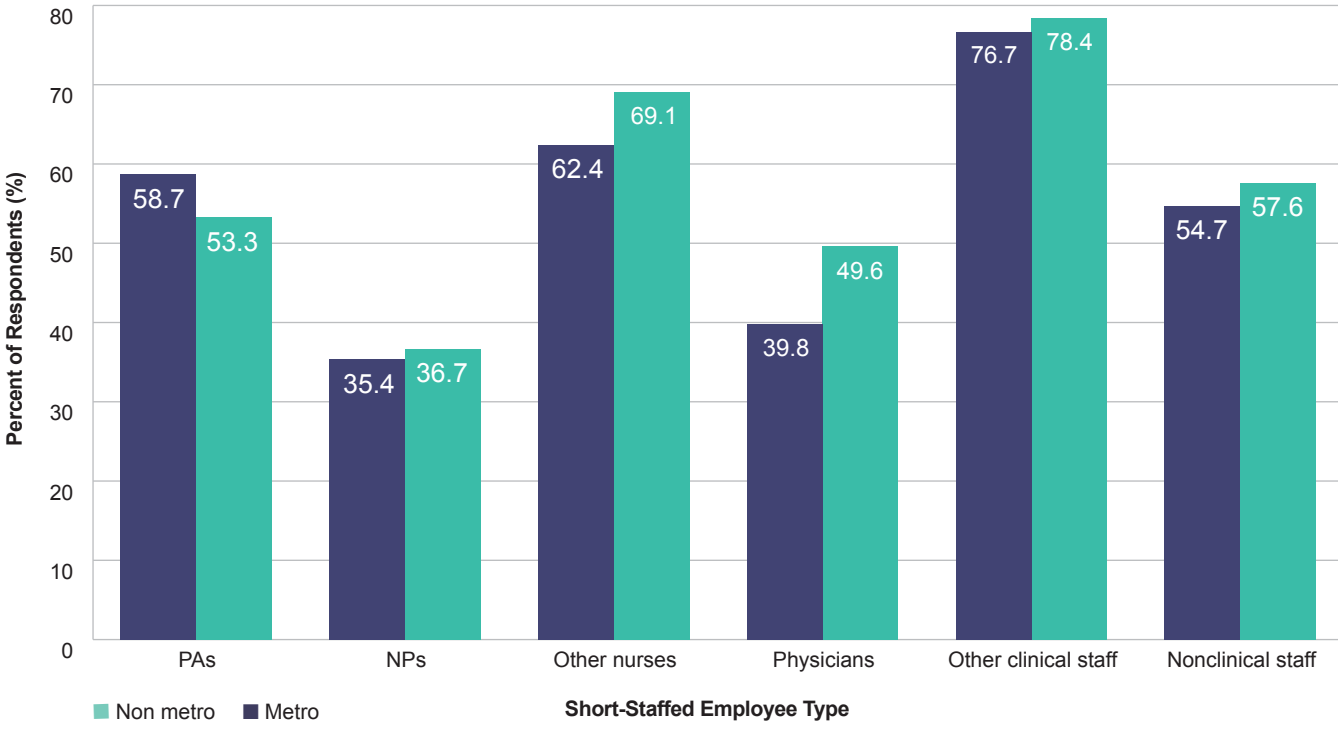
FIGURE 21. Cost-of-Living Adjusted Differences in Rural-Urban Median Compensation by Major Specialty Area



Note: The data reflect PAs who worked 32 hours or more per week in 2022. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. 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 2023 AAPA Salary Survey.

Perceived differences in compensation are not the barrier preventing PAs from working in rural areas, medically underserved areas, or health provider shortage areas. As the previously cited brief illustrates, many PAs are also worried about a shortage of collaborating physicians, supervision/collaboration requirements, and that PAs are unable to be the sole provider in these areas. When responding to the 2023 Salary Survey, almost eight in 10 (78.4%) PAs across the country reported their employer was currently experiencing staffing shortages. However, metro and nonmetro PAs differed in the types of providers who were short staffed. Nonmetro PAs were more likely to report a shortage of nurses (69.1%) and physicians (49.6%) than PAs working in metro areas. While metro PAs were more likely to cite their employer was short-staffed on PAs, over 50% of metro and nonmetro PAs expressed a need for more PAs.

FIGURE 22. Percent of PAs Who Indicated Short Staffing of Select Occupations in 2022 by Rural-Urban Classification



Note: The data reflect PAs who worked 32 hours or more per week in 2022. Respondents were able to select all categories that applied to their situation, percents reflect the proportion of PAs who indicated a specific type of employee was short staffed. Totals do not add to 100%.

Healthcare providers across the country are working to address access disparities. While regional differences in the proportion of PAs per 1,000 people do exist, AAPA's research has illustrated that changes in state laws and regulations between 2015 and 2019 may have influenced the county-level distribution of PAs. In a secondary analysis of public data and factors related to the supply of PAs around the country, AAPA evaluated whether changes to various scope of practice regulations between 2015 and 2019 impact where PAs decide to practice. By triangulating data from AAPA's PA State Laws and Regulations with population data and environmental factors from the Agency for Healthcare Research and Quality's Social Determinants of Health dataset, a statistically significant interaction was found to predict the average number of PAs per 1,000 county residents ($F(7, 3134)=14.50$, $p<0.001$). While changing regulations related to supervisory definitions, granting full prescriptive authority, and removing physician proximity requirements led to an increase in PAs, removing restrictions limiting PA scope of practice to the scope of practice of their supervising/collaborating physician predicted a decrease in county-level PA supply between 2015 and 2019. While untangling the impact of scope of practice legislative efforts can be difficult, this preliminary work illustrates how PA supply can be affected by regulations. However, more work is needed to understand the roles practitioner competition, municipal factors, and the legal environment play in the abilities of PAs to provide trusted, high-quality care.

In the meantime, the data within the remainder of the 2023 AAPA Salary Report have been carefully refined to provide you with a holistic picture of PA compensation regardless of your state, specialty, setting, or years of practice experience. If you have any questions about the data within, feel free to consult our Frequently Asked Questions section or email us at research@aapa.org.

Frequently Asked Questions about the AAPA Salary Report

One of AAPA's responsibilities is to collect and analyze data to track growth and change in the PA profession. We've compiled this list of questions PAs — and employers — often ask along with 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 (DSR) includes more detailed PA compensation and benefits information than 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 Reports 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. 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 include 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 $100,000 to $109,999,

$110,000 to $119,999, etc. They then assume that the midpoints of the range are the salaries of every PA who selected the category (e.g., $105,000, $115,000). 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 PAs 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. All nonmembers who took the survey receive the Summary of National Findings from that year's Salary Report, which includes high-level data for specialties, settings, and locations. Free access to the full AAPA Salary Report is a benefit reserved for AAPA members – but you can join today for your free Salary Report and many other discounts and perks!

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 email volume.

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 that let AAPA members 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 datapoints within the currently available data year.