



2019 AAPA
Salary Report
NATIONAL SUMMARY



CAREER CENTRAL

Table of Contents

A Word From the CEO 1

Methodology 2

SUMMARY OF NATIONAL FINDINGS..... 5

Who Are PAs? 6

PAs Work Everywhere 9

PA Compensation Varies by Multiple Factors 11

Compensation and Cost of Living Vary by State for PAs 15

Frequently Asked Questions About the AAPA Salary Report 20

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A Word From the CEO



Dear PAs and Future PAs,

Based on responses from thousands of full-time PAs, AAPA's 2019 Salary Report is the only PA salary resource that provides information about total compensation, base salary, and base hourly wage, all important information for a PA to have when negotiating a contract. This year's report also provides detailed data on bonuses and fringe benefits. Here are other highlights:

- **Median compensation rose to \$107,500.** In 2018, the median annual salary for full-time U.S. PAs was \$106,000. Those earning an hourly wage reported earning a median of \$60 per hour, while productivity-compensated PAs reported median pay of \$150,000.
- **Half of full-time PAs received a bonus.** In addition to their base salary or hourly wage, 49.8% of full-time PAs received a bonus. Respondents reported a median bonus of \$5,500.
- **PAs employed at HMOs, or specializing in emergency medicine, earn more than those at other employer types or in other major specialty areas.** PAs working for a physician practice, research organization, or Federally Qualified Health Center reported the lowest median salaries, as did PAs in primary care (family medicine, general internal medicine, and general pediatrics).
- **Both compensation and cost-of-living vary by state.** In many states where lower compensation is reported, PAs actually have more purchasing power than their salary indicates, after adjusting for cost-of-living in the state. AAPA has partnered with the Council for Community and Economic Research to make cost-of-living data available to PAs on our website, and our report puts these nationwide cost-of-living adjusted compensation statistics at your fingertips.

I hope you find the information presented in this year's report useful. Feel free to contact the AAPA Research Department at research@aapa.org with feedback or questions.

Sincerely,

A handwritten signature in black ink that reads "Lisa M. Gables". The signature is written in a cursive, flowing style.

Lisa M. Gables
Interim CEO, AAPA

Methodology

Data for this report are based on calendar year 2018 and were collected through the 2019 AAPA Salary Survey between February 1 and March 1, 2019. The survey was available via the aapa.org website and on its social media channels to all PAs in the United States who were not retired. In addition, PAs whose information AAPA had on file, who had not opted out of communication from AAPA Research, and who were based in the United States and not retired, were sent a link via email. A total of 13,088 PAs responded to the survey. The overall margin of error is +/- 0.81% at the 95% confidence level. Response rates and margins of error vary by section and breakout.

For inclusion in the compensation section of the 2019 AAPA Salary Report, respondents must have worked 32 hours or more per week in 2018 and been based in the United States. The primary reason for exclusion of respondents from this report was their omission of hours worked or full-time status, or if they worked fewer than 32 hours per week. Table 2 of the report does include limited data on PAs who worked fewer than 32 hours per week.

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. NCCPA salary data includes self-reported PA income from all sources, across multiple employers, including bonuses, call, profit-sharing, and shift differentials. It collects salaries in ranges rather than exact salaries. The midpoint is used for calculations.
- 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. 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.
- AAPA is the only PA salary resource that provides information about profession-wide compensation, including base salary, hourly wage, and productivity pay. This is particularly important information for a PA to have when negotiating a contract. In addition, AAPA's report provides detailed breakdowns based on experience, specialty, setting, and employer type. Finally, AAPA's report provides detailed data on bonuses, separated out from base salary and wages, as well as fringe benefits, which is crucial to understanding where one stands as one negotiates with a potential employer.

Chart 1. Summary of Data Collection Methods

	AAPA	NCCPA	BLS
Data year	Calendar year 2018	Rolling collection 2016 through 2018	Rolling collection over three years, with adjustments based on over-the-year wage change
Who is included	PAs Full-time (32 hours+) Self-employed	Clinically practicing PAs Full-time and part-time Self-employed	Clinically practicing PAs Full-time and part-time Not self-employed
Sampling	All AAPA fellows and PA students in U.S. whom AAPA could contact via email	All PAs who updated their NCCPA profile between January 1, 2016 and December 31, 2018	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 PAs paid hourly, annualized by weeks and hours worked per year 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, including bonus. 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.
Level of detail	Salary, hourly wage, bonus, fringe benefits	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	\$107,500	\$115,000	\$108,610

Note: More information is available on the organizations' websites: aapa.org, nccpa.net, and https://www.bls.gov/oes/oes_ques.htm.

Notes on the Presentation of the Data

In the tables that follow:

- Only data points based on five or more respondents are displayed. All applicable data are used in calculations.
- “Compensation” is often used in the front material of the Salary Report, and this 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. 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, “In calendar year 2018, what was your base salary from your primary employer?”
- “Hourly wage” refers to the hourly rate of pay from a PA’s primary employer. It was collected with the question, “In calendar year 2018, what was your hourly wage from your primary employer?”
- “Productivity pay” refers to the compensation from a PA’s primary employer that is based

on a combination of a minimum guaranteed compensation (or base salary) and compensation based on productivity metrics. Some PAs are paid solely based on productivity metrics.

- “Bonus” refers to variable annual income based on production incentives, milestone achievements, or other performance-based criteria. It was collected using the question, “How much did you receive in bonus or incentive pay from your primary employer in 2018?”
- “Median” earnings are those at the 50th percentile; i.e., 50% of responses are above the median and 50% are below the median.
- “N” refers to the number of respondents.

About the American Academy of PAs

The American Academy of PAs (AAPA) is the national membership organization for all PAs. PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal health care provider. Learn more about the profession at aapa.org and engage through Facebook, LinkedIn, Instagram, Twitter, and Snapchat using the handle @aapaorg.

Suggested citation for this report: American Academy of PAs. (2019). 2019 AAPA Salary Report. Alexandria, VA.

The background is a dark blue field filled with a repeating pattern of light blue icons. These icons include various business and financial symbols such as pie charts, bar graphs, line graphs, calculators, envelopes, hearts, and mathematical symbols like percentages and plus signs. The icons are scattered across the entire page, creating a textured, data-oriented background.

SUMMARY OF NATIONAL FINDINGS

Who Are PAs?

PAs are certified and licensed in their state to practice medicine and are located in all 50 states and the District of Columbia, in addition to U.S. territories. Since the profession began more than 50 years ago, PAs have been part of the health care team in American medicine. PAs are educated at the graduate level as medical generalists, positioning them to adapt to changing health care needs and practice in a wide variety of clinical practice settings and specialties. In fact, PAs practice in every medical and surgical specialty and setting.

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 health care providers in more than 230 PA schools across the country. As researchers, PAs investigate the issues that will affect the workforce and ways to move the profession forward. As administrators, PAs are on the front lines of changing the health care landscape and making the profession a more collaborative piece of the health care workforce.

PAs are educated in graduate medical programs that are rigorous and nationally accredited, and that are comprised of classroom and laboratory instruction and clinical rotations. Entering students must possess a bachelor's degree and typically have some health care experience. PA programs are slightly over two years, on average. The program begins with one year of didactic instruction in the basic medical and clinical sciences, including anatomy, physiology, pathology, microbiology, pharmacology, behavioral sciences, medical ethics, and clinical medicine. The second year comprises clinical rotations in all major specialties of medicine, including internal medicine,

PAs Practice Medicine

PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal health care provider. PAs are versatile and collaborative. They practice in every state and in every medical setting and specialty, improving health care access and quality.

surgery, pediatrics, women's health, emergency medicine, psychiatry, and family medicine.

PA program graduates must pass a national PA certifying exam, administered by the National Commission on Certification of Physician Assistants (NCCPA), and obtain a state license in order to practice. To maintain certification, PAs must pass a recertifying exam every 10 years and obtain 100 credits of continuing medical education every two years.

In this survey, more than two out of three respondents were female (Figure 1), a proportion that has been increasing for the past 20 years. Close to 9 in 10 PAs were white (Figure 2) and more than 1 in 20 were Hispanic (5.4%). Almost three in five (63.3%) PAs were under 40 years of age (Figure 3). Reflecting the recent rapid growth in the number of PA programs and new graduates, more than half (62.3%) of PAs had fewer than 10 years of experience as a PA (Figure 4).

Three specialties accounted for over one-third of the PAs in this survey: family medicine (14.9%), orthopaedic surgery (10.6%), and emergency medicine (9.3%). These percentages have changed only slightly from those reported in the 2018 AAPA Salary Report,¹ and are comparable to the workforce data reported by NCCPA on all certified PAs.²

1. American Academy of PAs. 2018 AAPA Salary Report. Alexandria, VA.

2. National Commission on Certification of Physician Assistants, Inc. (2019, April). 2018 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved July 24, 2019 from <http://www.nccpa.net/research>

Figure 1. Distribution of PAs by Gender

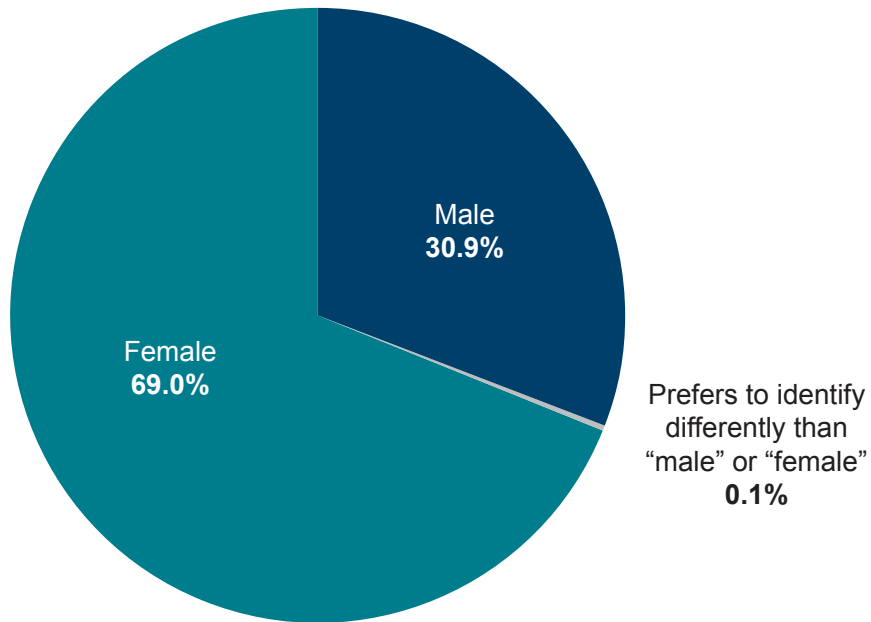


Figure 2. Distribution of PAs by Race and Ethnicity

Note: Race and ethnicity were two separate questions on the 2019 AAPA Salary Survey. First, respondents were asked the race that best identifies them, and these responses appear in the bars on Figure 2. Then, respondents were asked if they are Hispanic or Latino.

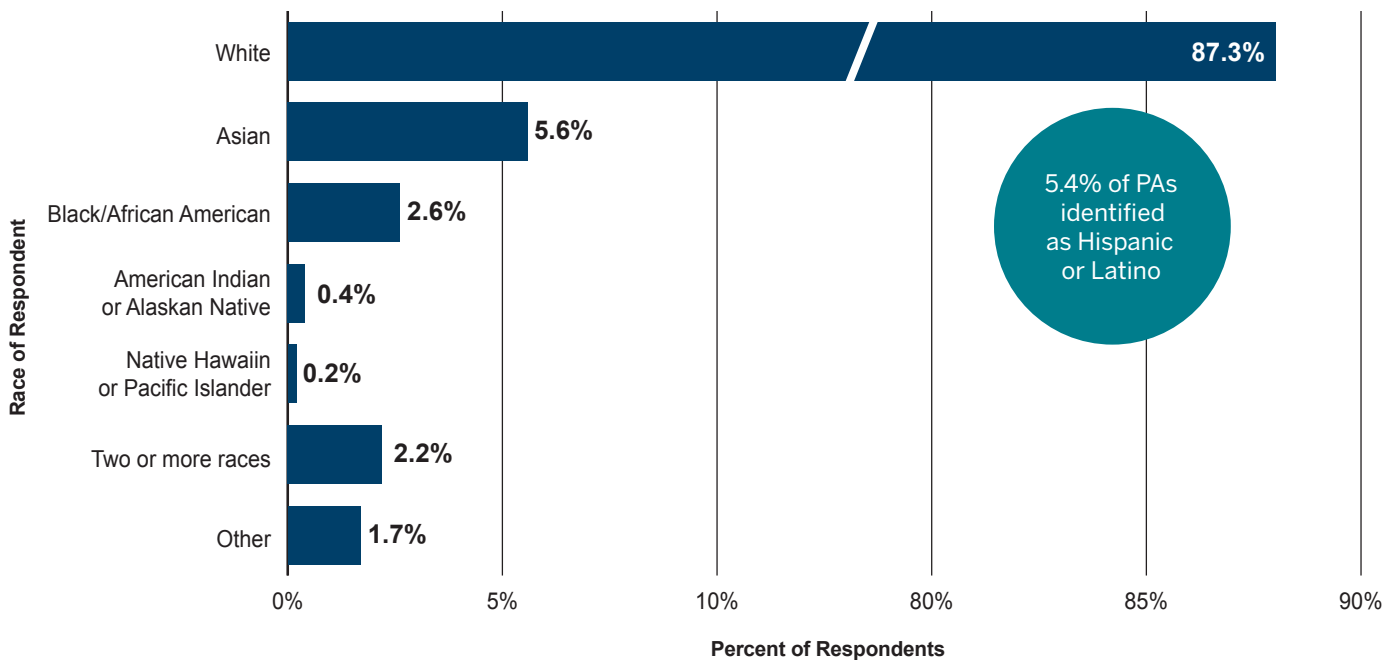


Figure 3. Distribution of PAs by Age

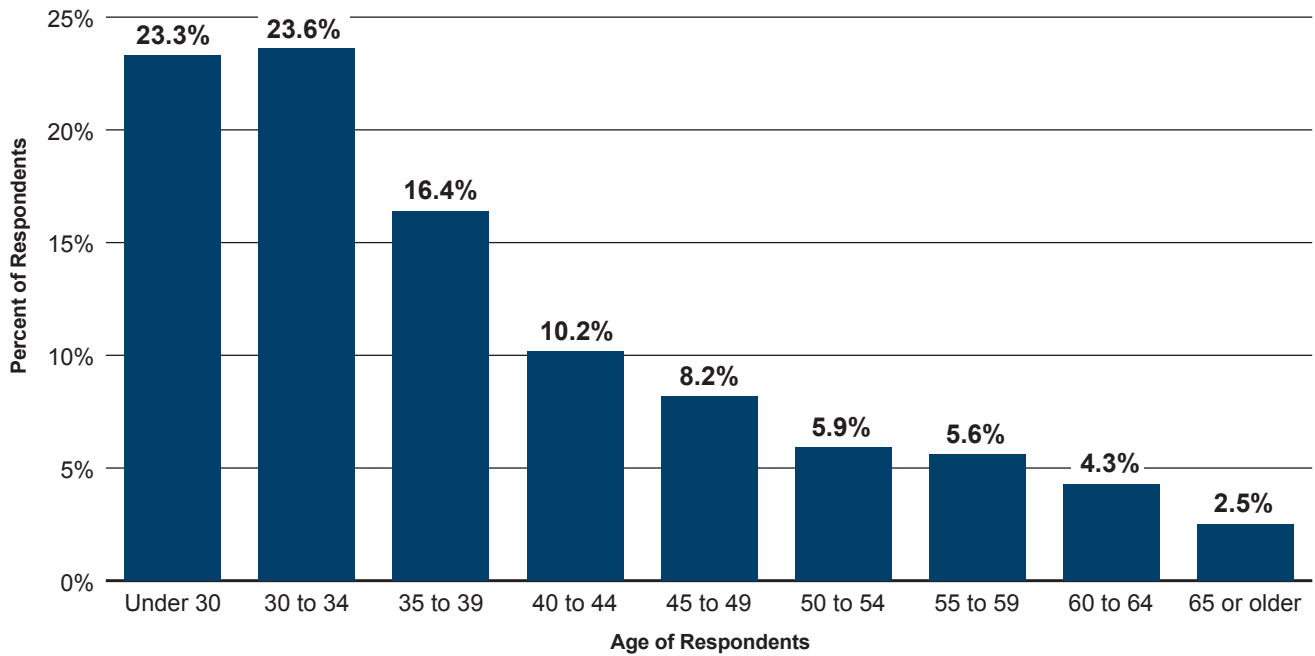
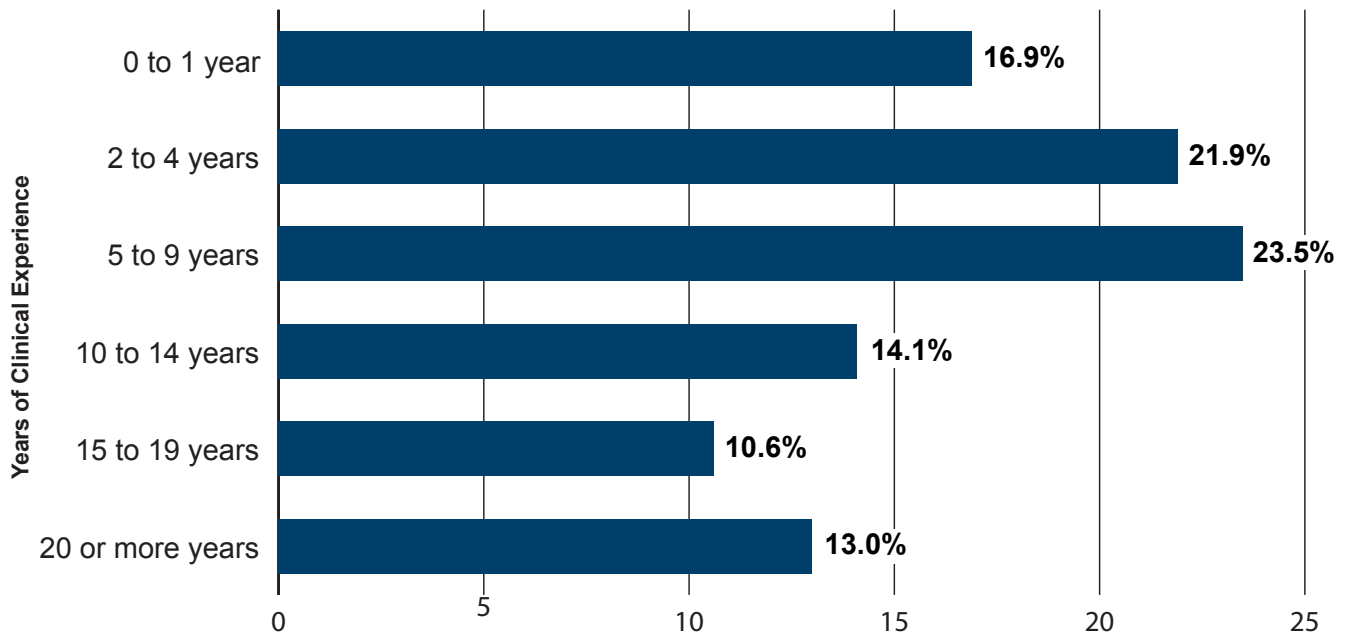


Figure 4. Distribution of PAs by Years of Clinical Experience



PA's Work Everywhere

PAs practice across the United States, although the profession is not uniformly distributed across the country. Some states have much larger PA workforces in relation to the state population than others.

Alaska, with 78.9 PAs per 100,000 people, Pennsylvania (68.9), South Dakota (66.5), New York (65.2), and Montana (64.8) top the list of states in terms of PAs per capita. With respect to the absolute number of PAs in a state, New York (12,743), California (10,078), Pennsylvania (8,818), Texas (8,682), and Florida (8,226) top the charts.

The states with the lowest numbers of PAs per 100,000 population are Mississippi (8.4), Arkansas (15.3), Alabama (17.2), Missouri (19.2), and Indiana (23.4). Mississippi is also on the list of states with the lowest absolute number of PAs, with 250; this list also

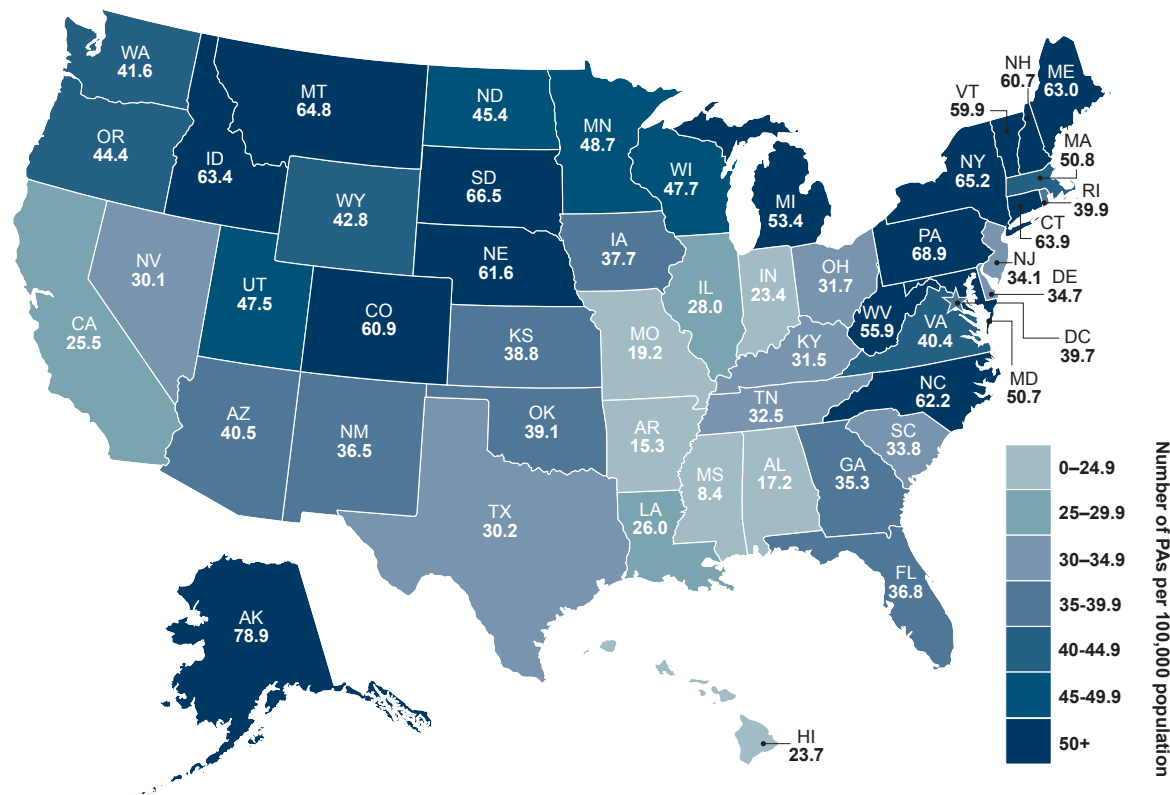
PA's by State

PAs practice in every U.S. state and territory. While New York has the greatest number of PAs (12,743), Alaska has the highest number of PAs per capita (78.9 per 100,000 population).

includes Wyoming (247), the District of Columbia (261), Hawaii (336), and North Dakota (345).

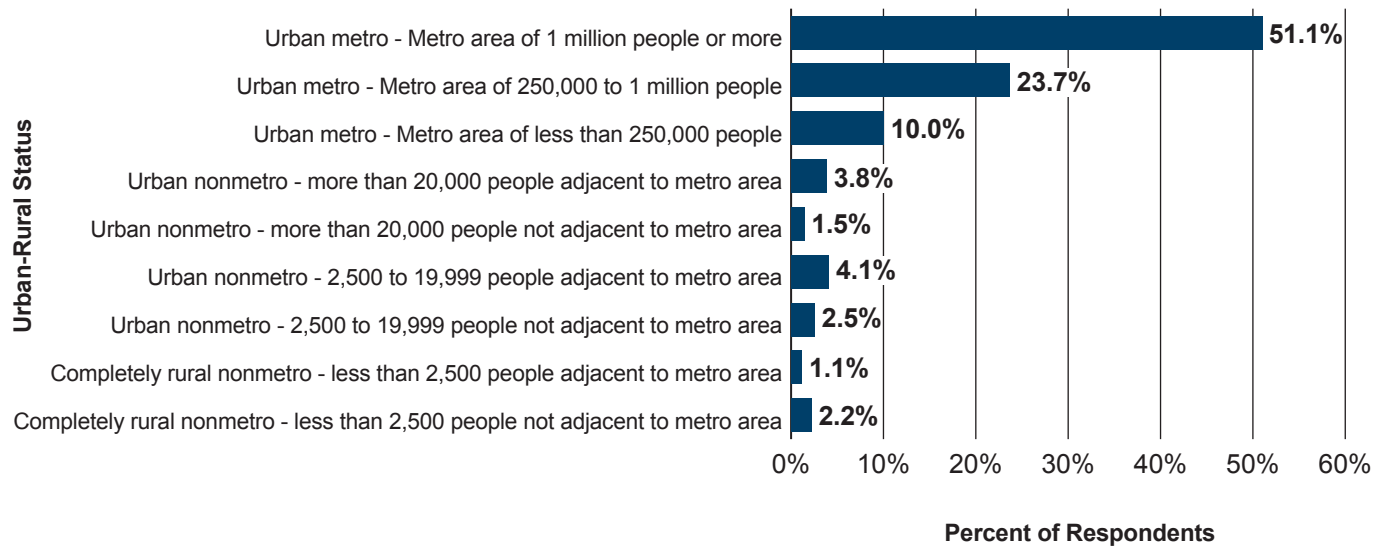
Figure 5 shows the per capita distribution of PAs by state and the District of Columbia. More than five in six (83.8%) work in metro areas, with just around one in six (16.2%) working in non-metro or completely rural areas (see Figure 6).

Figure 5. Distribution of Certified PAs per Capita by State



Data source: National Commission on Certification of Physician Assistants, Inc. (2019, April). 2018 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved July 24, 2019 from <http://www.nccpa.net/research>

Figure 6. Geographic Distribution of PAs by Metropolitan Area



PA Compensation Varies by Multiple Factors

In 2018, 78.7% of full-time PAs were paid an annual salary and 17.5% received an hourly wage, while 3.8% were paid based on productivity, either entirely or in combination with a guaranteed minimum base compensation (Figure 7). The median annual salary was \$106,000, a small increase of \$1,000 from the previous year. The median hourly wage remained steady at \$60. Median productivity-based compensation was \$150,000, for a median compensation across the profession of \$107,500 (with annualized base wage). As reported in the front material of the 2017 AAPA Salary Report, Consumer Price Index (CPI)-adjusted wages show that while the year-over-year wages of PAs remained rather steady, wage growth in the PA profession over time is steadily outpacing inflation.³

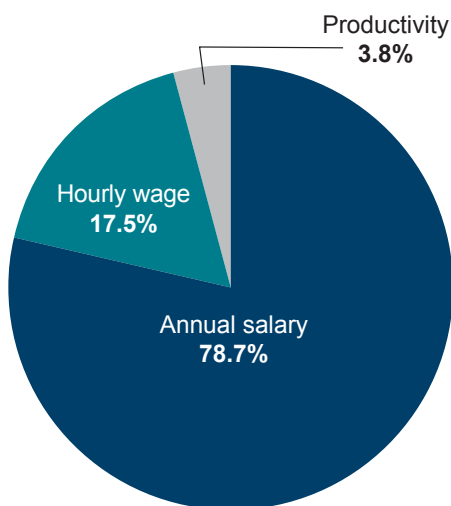
The amount of PA compensation, as well as the extent to which it increased from last year, varies by work setting, employer type, and major specialty area. (See Figures 8, 9, and 10.)

The State of PA Compensation

In 2018, the median annual salary for PAs working full time in the United States was \$106,000, and 78.7% of PAs were paid an annual salary. PAs who reported receiving an hourly wage rather than an annual salary reported earning a median of \$60 per hour, and productivity-compensated PAs reported a median of \$150,000. For the full profession, across compensation types, median compensation was \$107,500.

PAs working in emergency medicine, convenient care, or who are independent contractors or work for medical staffing agencies, are more likely to receive an hourly wage versus a salary. In addition to their base salary or hourly wage, 49.8% of full-time PAs received a bonus; half of these respondents reported a bonus of \$5,500 or more.

Figure 7. Distribution of PAs by Mode of Compensation

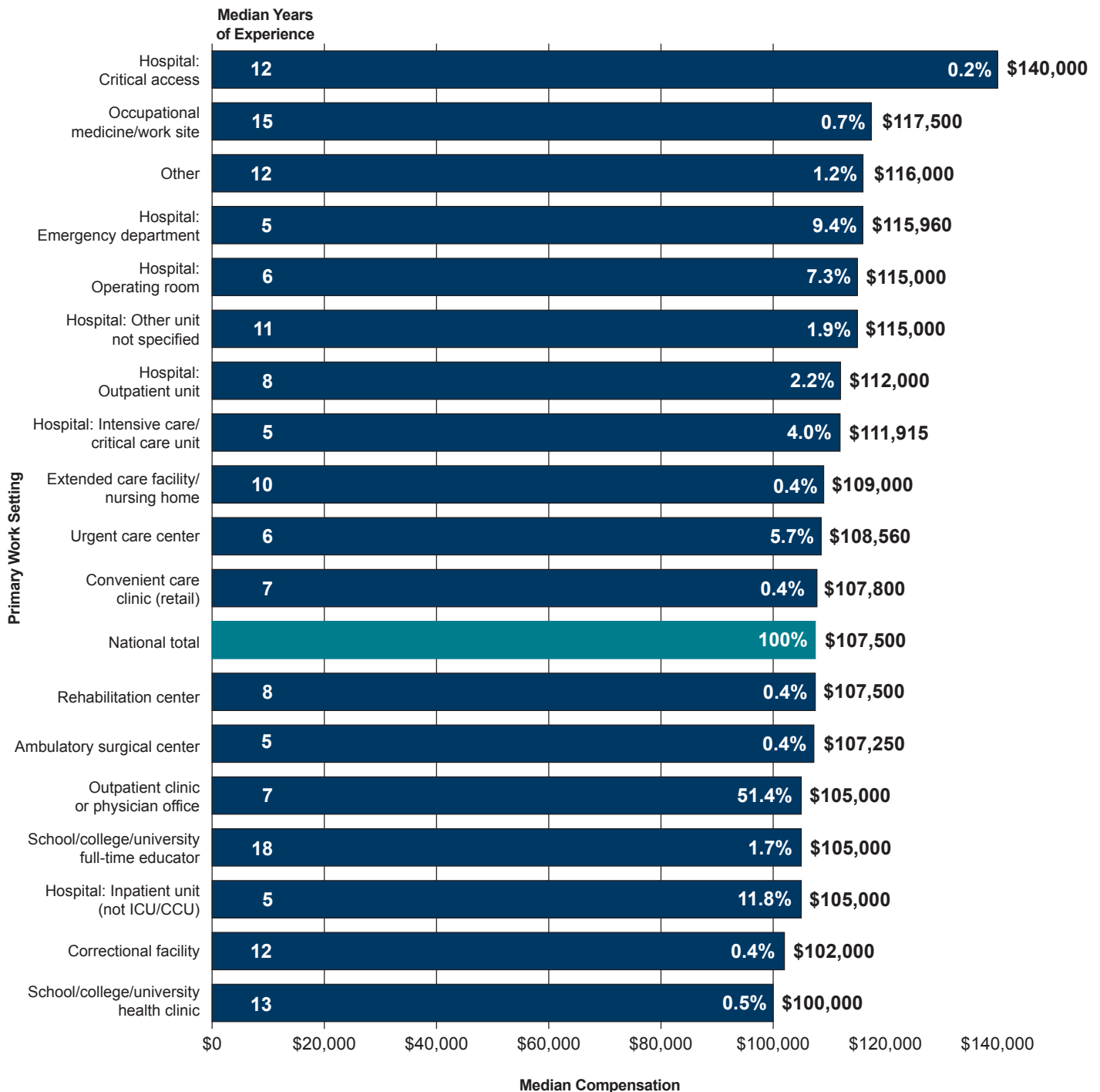


2018 Median PA Compensation:

- Base salary: \$106,000
- Hourly wage: \$60
- Productivity pay: \$150,000
- Profession-wide compensation: \$107,500
- Annual bonus: \$5,500

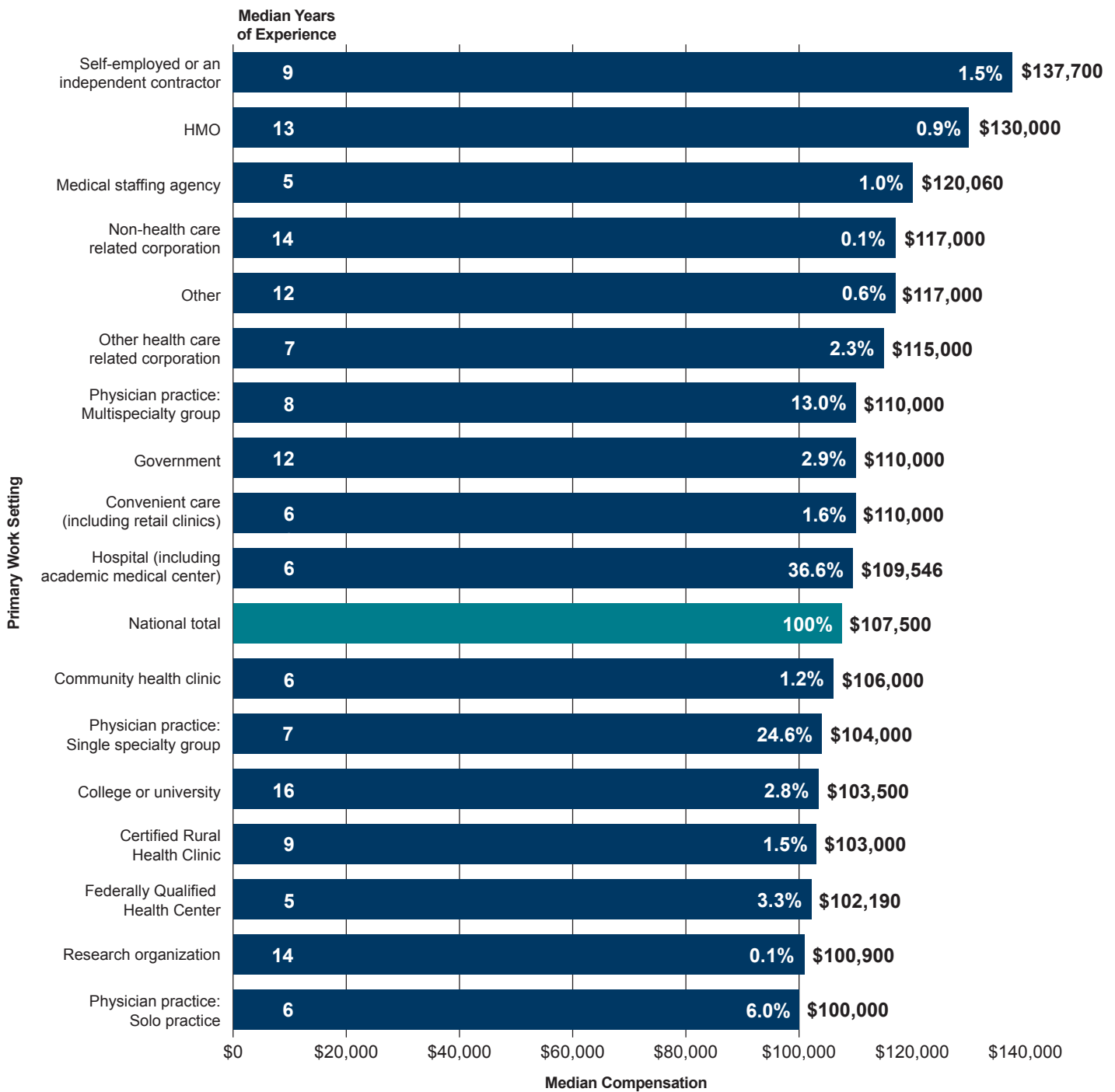
3. American Academy of PAs. 2017 AAPA Salary Report. Alexandria, VA.

Figure 8. Median Compensation From Primary Employer by Primary Work Setting



Note: The data reflect PAs who worked 32 hours or more per week in 2018. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. It does not include bonus. 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 2019 AAPA Salary Survey.

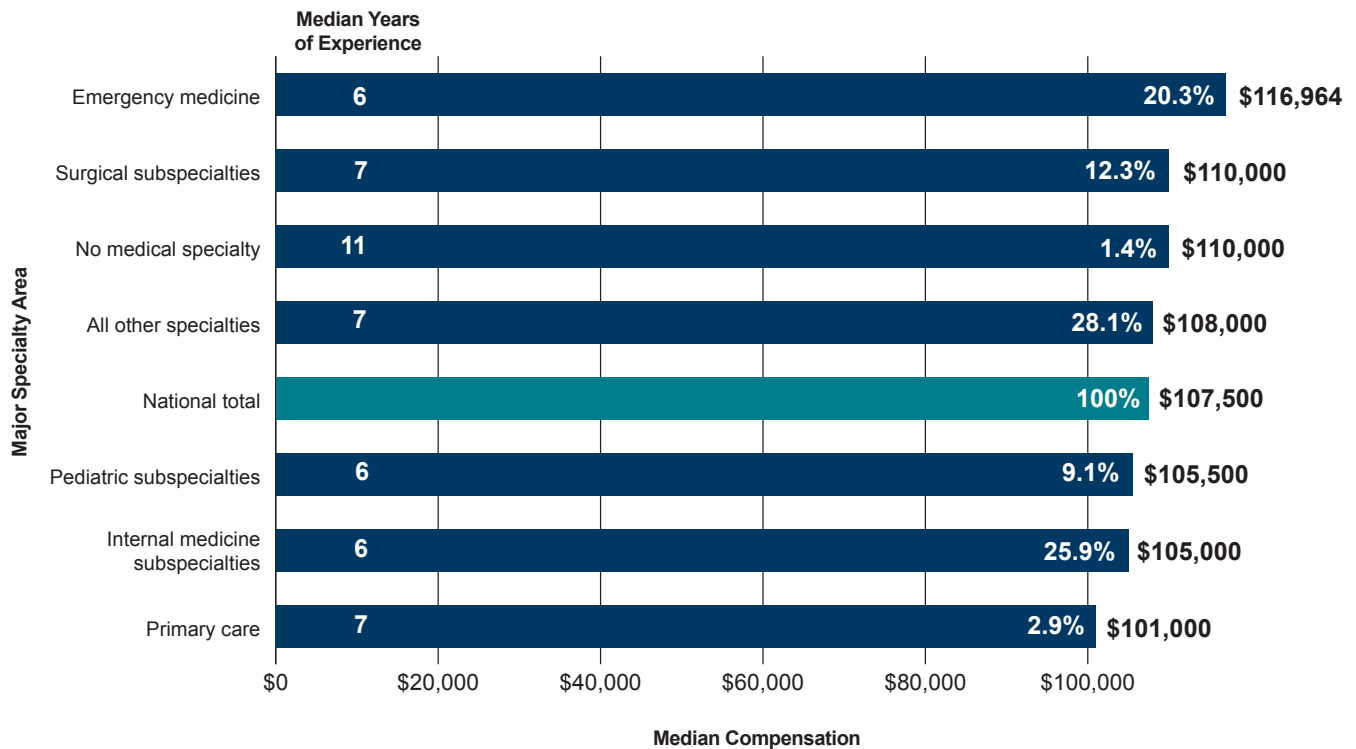
Figure 9. Median Compensation From Primary Employer by Employer Type



Note: The data reflect PAs who worked 32 hours or more per week in 2018. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. It does not include bonus.

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 2019 AAPA Salary Survey.

Figure 10. Median Compensation From Primary Employer by Major Specialty Area



Note: The data reflect PAs who worked 32 hours or more per week in 2018. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. It does not include bonus. 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 2019 AAPA Salary Survey. Primary care includes family medicine, general internal medicine, and general pediatrics. It does not include PAs who indicate "urgent care" as their primary specialty.

The type of employer a PA works for is also related to compensation. PAs who work for a physician practice (solo practice, \$100,000), a research organization (\$100,900), or a Federally Qualified Health Center (\$101,000), reported the lowest median salaries. PAs who are employed by an HMO (\$128,000), self-employed, or independent contractors (\$121,000) reported the highest median compensation. For more information, see Table 23.

PAs who practice emergency medicine as their major specialty area are earning more than PAs in other major specialty areas (Figure 10), although

some surgical subspecialties are paid far more than emergency medicine. Primary care (defined as family medicine, general internal medicine, or general pediatrics) is the lowest-paid major specialty area. See Table 10 for more information. As noted in past salary reports, PAs in certain specialties and with certain types of employers are more likely to receive an hourly wage than others. PAs in emergency medicine (59.8%) or urgent care (51.8%), and those employed by medical staffing agencies (70.1%), and HMOs (45.9%) or convenient care clinics (60.9%) are more likely to receive an hourly wage, compared to 17.5% of PAs overall.

Compensation and Cost of Living Vary by State for PAs

It's understood that in general, if it costs more to live, you should expect more compensation. While generally that is true and states with higher cost-of-living enjoy higher salary and hourly wages, this is not always the case. Some states with high wages lag behind the national average in terms of buying power and how far a dollar in that state will go compared to other states.

Through a continued partnership with the Council for Community and Economic Research (C2ER), AAPA provides cost-of-living adjusted compensation data to PAs. C2ER is an organization whose goal is to increase data availability and quality, and to support the understanding of regional economics. Using cost-of-living data calculators, such as the one found at <https://www.aapa.org/shop/salary-report/cost-living-calculator/>, a PA can determine the compensation needed to maintain the same standard of living in a different location. Not only is it helpful to know which states pay less in terms of cost-of-living, but understanding what your next job two states away will need to pay in order to maintain your standard of living is vital.

In 2018, the median PA salary in the United States was \$106,000, and the median hourly wage was \$60. Across all compensation types, including PAs compensated based on productivity, median PA compensation in 2018 was \$107,500. Figures 11 and 12 display actual median base salary and hourly wage for each state. Figures 13 and 14 display the cost-of-living adjusted base salary and hourly wage for each state. In many of the states where PAs reported lower compensation, PAs will find that they have more

A Dollar Goes Further in Some States and Locales

More money does not always translate to more dollars in your pocket. It is important to consider compensation data in terms of the cost to live in a locale. AAPA has partnered with the Council for Community and Economic Research to make this comparison data available to PAs.

purchasing power than their compensation suggests. Likewise, states with higher compensation tend to have a higher cost of living.

Figures 12 and 14 translate reported median salaries and wages to a cost-of-living adjusted (buying power) salary or wage. While Alaska, California, Washington, and Connecticut have the top four base salaries, and New Hampshire, Arkansas, California, and Washington (tied for third) have the top four hourly wages nationally (Figures 11 and 13), this does not account for the higher cost of living in each of these states. Once the cost of living is considered, the four states with the highest base salaries are Oklahoma, Arkansas, Ohio, and Texas (Figure 12). The top four for hourly wage (Figure 14) are Arkansas, Indiana, Missouri, and Oklahoma. All of these states have a cost of living that is lower than the national average, resulting in higher buying power than their median compensation would suggest.

Figure 11. Median Base Salary by State Rankings

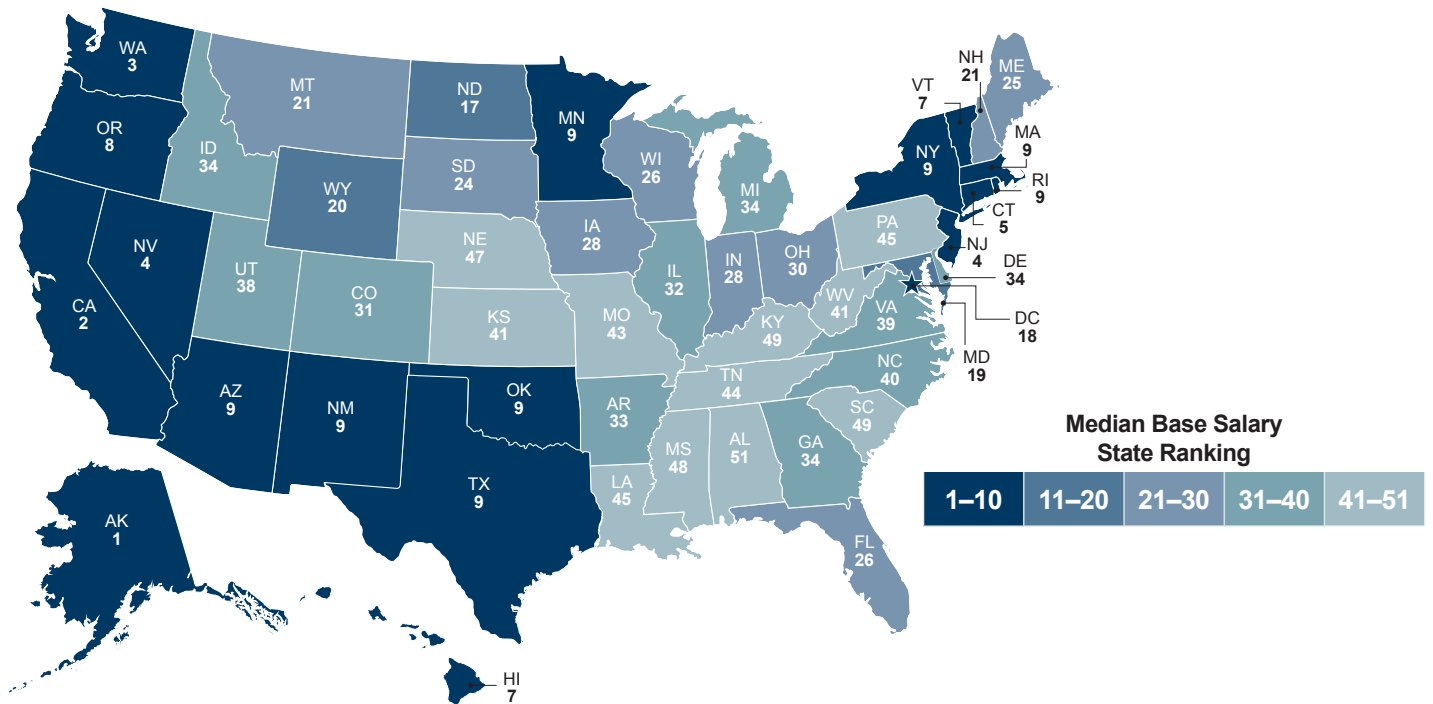


Figure 12. Cost-of-Living Adjusted Salary by State Rankings

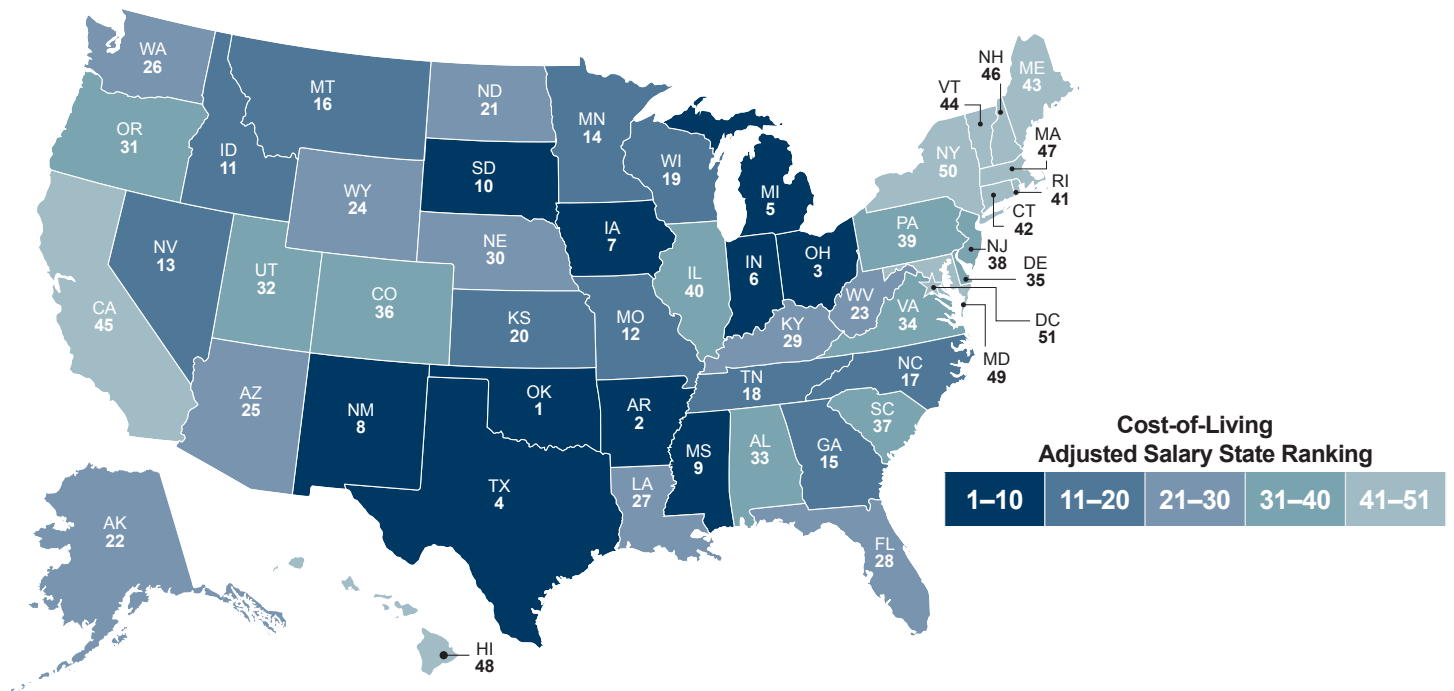


Chart 2. Actual and Cost-of-Living Adjusted Median Base Salary and Rankings by State

STATE	ACTUAL MEDIAN BASE SALARY	MEDIAN BASE SALARY STATE RANKING	COST-OF-LIVING ADJUSTED BASE SALARY	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	90,000	51	99,668	33
Alaska	133,250	1	107,807	22
Arizona	110,000	9	105,465	25
Arkansas	102,500	33	116,082	2
California	124,000	2	89,209	45
Colorado	103,084	31	98,082	36
Connecticut	115,000	4	93,042	42
Delaware	102,000	34	98,361	35
District of Columbia	108,800	18	72,437	51
Florida	105,000	26	104,478	28
Georgia	102,000	34	110,032	15
Hawaii	113,500	7	85,790	48
Idaho	102,000	34	110,749	11
Illinois	103,000	32	95,018	40
Indiana	104,000	28	113,786	6
Iowa	104,500	28	113,711	7
Kansas	100,000	41	108,108	20
Kentucky	95,000	49	103,939	29
Louisiana	98,000	45	104,701	27
Maine	105,936	25	92,764	43
Maryland	108,160	19	85,434	49
Massachusetts	110,000	9	87,371	47
Michigan	102,000	34	113,839	5
Minnesota	110,000	9	110,220	14
Mississippi	95,750	48	112,913	9
Missouri	99,000	43	110,738	12
Montana	106,500	21	109,907	16
Nebraska	97,000	47	103,412	30
Nevada	115,000	4	110,683	13
New Hampshire	106,050	23	88,671	46
New Jersey	115,000	4	97,293	38
New Mexico	110,000	9	113,636	8
New York	110,000	9	77,629	50
North Carolina	101,000	40	109,663	17
North Dakota	109,250	17	107,955	21
Ohio	103,990	30	115,931	3
Oklahoma	110,000	9	121,547	1
Oregon	112,000	8	103,131	31
Pennsylvania	98,000	45	95,053	39
Rhode Island	110,000	9	93,777	41
South Carolina	95,000	49	98,039	37
South Dakota	106,000	24	112,169	10
Tennessee	98,900	44	109,282	18
Texas	110,000	9	115,546	4
Utah	101,318	38	102,861	32
Vermont	106,500	21	90,561	44
Virginia	101,062	39	98,537	34
Washington	118,000	3	104,889	26
West Virginia	100,000	41	106,496	23
Wisconsin	105,000	26	108,583	19
Wyoming	107,000	20	106,362	24
USA	106,000		106,000	

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 six-way tie for 8th rank, so the subsequent state was ranked 14th.

Figure 13. Median Hourly Wage by State Rankings

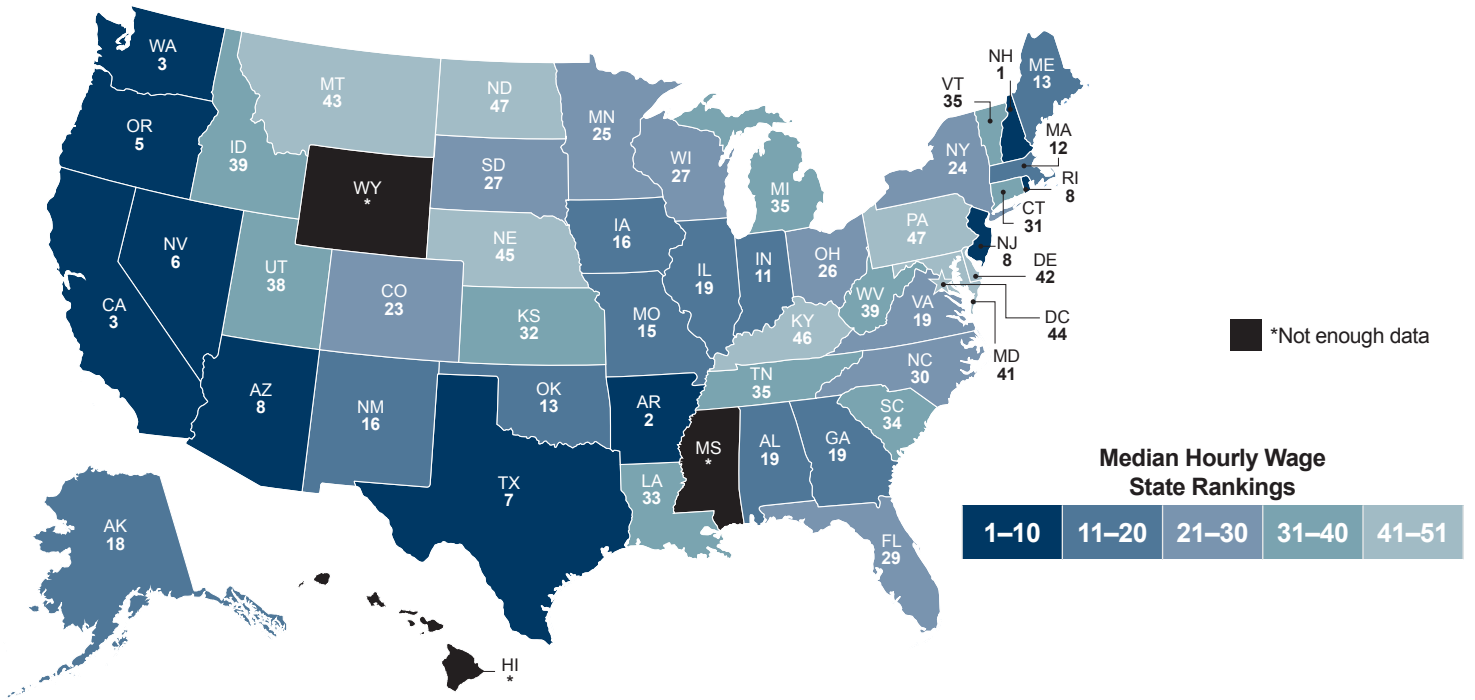


Figure 14. Cost-of-Living Adjusted Hourly Wage by State Rankings

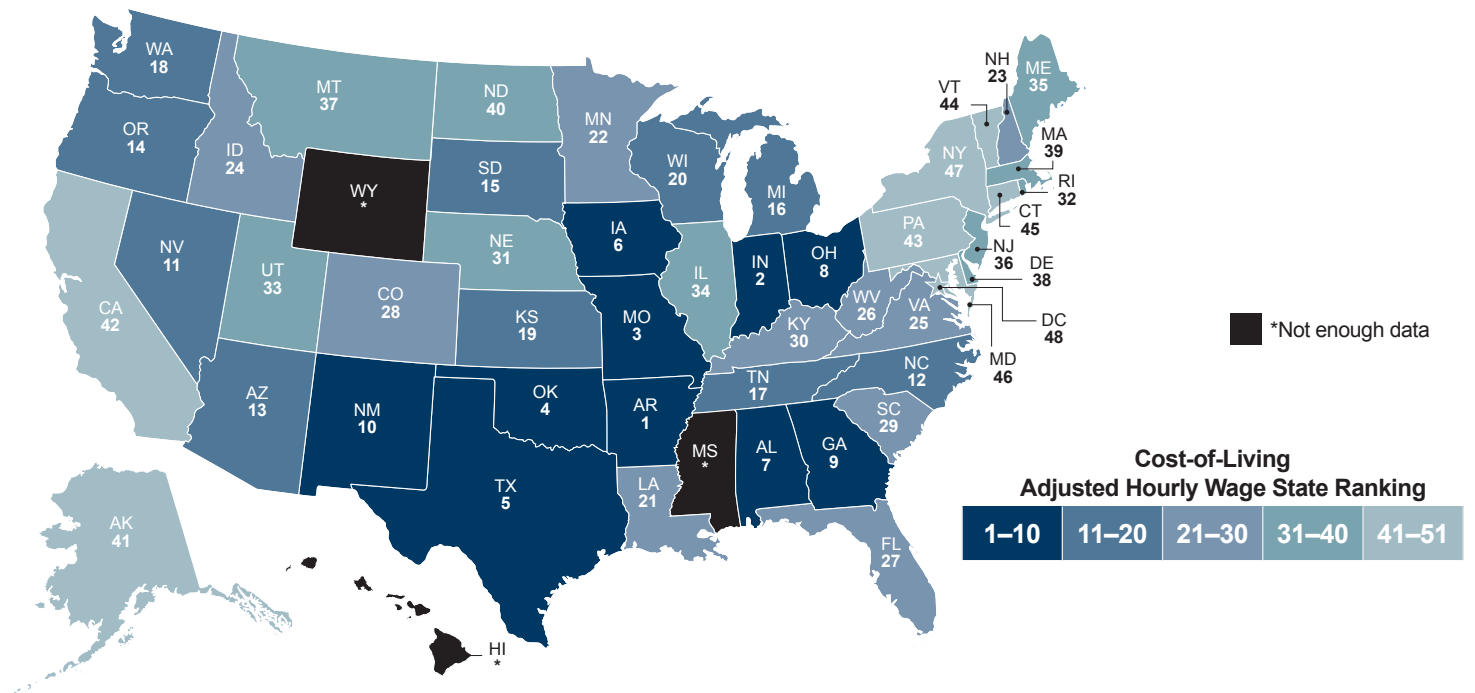


Chart 3. Actual and Cost-of-Living Adjusted Hourly Wages and Rankings by State

STATE	ACTUAL MEDIAN HOURLY WAGE	MEDIAN HOURLY WAGE STATE RANKING	COST-OF-LIVING ADJUSTED HOURLY WAGE	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	60.00	19	66.45	7
Alaska	60.51	18	48.96	41
Arizona	65.00	8	62.32	13
Arkansas	70.00	2	79.28	1
California	68.00	3	48.92	42
Colorado	59.75	23	56.85	28
Connecticut	56.18	31	45.45	45
Delaware	53.63	42	51.71	38
District of Columbia	52.92	44	35.23	48
Florida	57.50	29	57.21	27
Georgia	60.00	19	64.72	9
Hawaii	*	*	*	*
Idaho	54.00	39	58.63	24
Illinois	60.00	19	55.35	34
Indiana	64.82	11	70.92	2
Iowa	62.00	16	67.46	6
Kansas	55.85	32	60.38	19
Kentucky	50.98	46	55.77	30
Louisiana	55.62	33	59.42	21
Maine	63.00	13	55.17	35
Maryland	53.75	41	42.46	46
Massachusetts	63.67	12	50.57	39
Michigan	55.00	35	61.38	16
Minnesota	59.27	25	59.39	22
Mississippi	*	*	*	*
Missouri	62.62	15	70.04	3
Montana	53.00	43	54.70	37
Nebraska	52.00	45	55.44	31
Nevada	66.43	6	63.94	11
New Hampshire	70.25	1	58.74	23
New Jersey	65.00	8	54.99	36
New Mexico	62.00	16	64.05	10
New York	59.56	24	42.03	47
North Carolina	57.42	30	62.35	12
North Dakota	50.00	47	49.41	40
Ohio	59.11	26	65.89	8
Oklahoma	63.00	13	69.61	4
Oregon	67.25	5	61.92	14
Pennsylvania	50.00	47	48.50	43
Rhode Island	65.00	8	55.41	32
South Carolina	55.02	34	56.78	29
South Dakota	58.00	27	61.38	15
Tennessee	55.00	35	60.77	17
Texas	65.25	7	68.54	5
Utah	54.56	38	55.39	33
Vermont	55.00	35	46.77	44
Virginia	60.00	19	58.54	25
Washington	68.00	3	60.44	18
West Virginia	54.00	39	57.51	26
Wisconsin	58.00	27	59.98	20
Wyoming	*	*	*	*
USA	60.00		60.00	

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. Wages in states with fewer than 5 respondents are not displayed.

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 2019 AAPA Salary Report includes more detailed PA compensation and benefits information than ever before. We've compiled this list of questions PAs often ask us — and employers ask PAs — and the corresponding answers, and you may have read many of these in previous salary reports. Please contact us via email with more questions (research@aapa.org). We're here to help.

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

AAPA Salary Report data is based on thousands of responses from full-time PAs. 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 salary survey provides the breadth of information contained in the AAPA Salary Report.

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

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

For example, profession-wide compensation in the AAPA salary report is very 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 is 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.





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 \$90,000 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, such as \$91,425 or \$113,750. 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.

What is a percentile? When do I use them?

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 \$80,000 means that 10% of all the respondents made \$80,000 or less. Conversely, the 90th percentile salary of \$120,000 means that 90% of the respondents

made \$120,000 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' experience.

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.

Why do you list salary and bonuses separately? What total compensation should I expect?

When negotiating for a job, PAs need to know what salary or hourly wage is appropriate for their position, separate from whatever bonus might also be offered. Because salary is generally negotiable, along with some benefits, while bonus is typically not, we keep these separate to facilitate the negotiation process. You will notice in our report that bonuses are included in the

salary tables rather than in hourly tables. While this may seem as though we only report annual bonuses for salaried workers, these numbers reflect bonuses of all PAs, regardless of base compensation type.

Do base salaries differ between people who have and who have not received a bonus?

The AAPA Salary Report provides information about bonuses, but base salaries are not reported based on whether a PA received a bonus or not. Some PAs wonder whether this matters when considering a fair salary offer.

We have analyzed the 2019 AAPA Salary Survey data extensively — beyond the tables included in the Salary Report — and mean base salaries are statistically equivalent for PAs who do and PAs who do not receive a bonus.

I am a PA in Montana working in a critical access hospital. I do not see my information in the Salary Report. 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.

I am a PA in Scottsdale, Ariz., and I have been in a urology practice for two years. I do not see this information in the AAPA Salary Report. Is there any way I can use the AAPA Salary Report to understand whether I'm being paid appropriately?

In this example, we have information on PAs in urology with two to four years of experience, and PAs in Arizona in all surgical specialties combined. 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. Where 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 of the Arizona tables as a whole, and at the 50th for PAs in Arizona with two to four years of experience.

