2020 AAPA Salary Report

NATIONAL SUMMARY

AAPA CAREER CENTRAL

Table of Contents

A Word From the CEO 1
Methodology 2
Notes on the Presentation of the Data 4

SUMMARY OF NATIONAL FINDINGS 5
Who Are PAs? 6
PAs Work Everywhere in Person and via Telehealth 10
PA Compensation Varies by Multiple Factors 12
Compensation and Cost of Living Vary by State for PAs 16
Frequently Asked Questions About the AAPA Salary Report 21

A Word **From the CEO**

Dear PAs and Future PAs,

The 2020 AAPA Salary Report reflects responses from over 13,000 PAs, and is the only PA compensation resource that provides a snapshot of compensation across the nation, including base salary and hourly wage, bonuses, benefits, and other important information for PAs to have when negotiating a contract.

Here are some highlights of the 2020 AAPA Salary Report:

- **Median compensation rose to $111,000** in 2019 from a median of $107,500 in 2018. The median annual salary for full-time U.S. PAs was $110,000; those earning an hourly wage reported earning a median of $62.73 per hour, while productivity-compensated PAs reported median pay of $145,000.

- **About half of full-time PAs received a bonus**. Of those PAs who received one, the median bonus was $5,500.

- **Upon its release, everyone with access to the 2020 AAPA Salary Report will also have complementary access to our new** Digital Salary Report. In seconds, you can input information about your practice and get custom compensation data for your specific situation. With actual and cost-of-living-adjusted compensation, as well as cross-state and specialty comparisons, you can make informed decisions before moving, in your career or across the country.

I hope you find the data presented in this year's AAPA Salary Report, plus the new digital version of the Salary Report, useful. Feel free to contact the AAPA Research Department with feedback or questions.

Sincerely,

Lisa M. Gables

Lisa M. Gables
Interim CEO, AAPA

Methodology

Data for this report were collected through the 2020 AAPA Salary Survey between February 1 and March 1, 2020. The survey was open to all non-retired PAs in the United States (U.S.) via internet, social media, and aapa.org. In addition, PAs were sent a link via email if AAPA had their information on file, and they had not opted out of communication from AAPA Research, were based in the U.S., and were not retired. A total of 13,682 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 2020 AAPA Salary Report, respondents must have worked 32 hours or more per week in 2019 and been based in the U.S. 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 includes 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 income, averaged over time. Its compensation data include self-reported PA income from all sources, across multiple employers, including bonuses, call, profit sharing, and shift differentials. It collects compensation data in ranges rather than exact figures. The midpoint is used for calculations, and given that it reflects "all income" some PAs may include their bonus in this number.

- 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 compensation resource that provides information about total compensation, base salary, and base hourly wage. 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. Finally, AAPA's report provides 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. This level of specificity is crucial to salary and contract negotiations with a potential employer.

Chart 1. **Summary of Data Collection Methods**

	AAPA	NCCPA	BLS
Data year	Calendar year 2019	Rolling collection over three years from Jan. 1, 2017 to Dec. 31, 2019	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 could contact via email	PAs who updated their NCCPA profile between January 1, 2017 and December 31, 2019	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	$111,000	$105,000 (median for 2018: $115,000)	$112,260

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. Even when data are masked, 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 2019, what was your base salary from your primary employer?"

- "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 2019?"

- "Hourly wage" refers to the hourly rate of pay from a PA's primary employer. It was collected with the question, "In calendar year 2019, what was your hourly wage from your primary employer?"

- "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.

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 healthcare provider. Learn more about the profession at aapa.org and engage through Facebook, LinkedIn, Instagram, and Twitter using the handle @aapaorg.

Suggested citation for this report: American Academy of PAs. (2020). 2020 AAPA Salary Report. Alexandria, VA.

SUMMARY OF NATIONAL FINDINGS

Who Are PAs?

PAs are medical professionals who are certified nationally and licensed within a state to practice medicine. PAs are in all 50 states and the District of Columbia, as well as in U.S. territories. PAs have been part of the healthcare team in American medicine for more than 50 years. Educated at the graduate level as medical generalists, PAs are positioned to adapt to changing healthcare needs and to practice in a wide variety of clinical practice settings and specialties. In fact, PAs practice in every medical and surgical specialty and setting. PAs are unique in that they can move between medical specialties without a need for additional 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 260 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 of leading a changing healthcare landscape as well as contributing to a more collaborative, team-based system.

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

Graduates of PA school must pass a national PA certifying exam, administered by NCCPA, and then obtain a state license in order 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 2020 AAPA Salary Survey, seven in 10 respondents (69.0%) were female (Figure 1), a proportion that has been increasing for the past 20 years. Close to nine in 10 (87.8%) were white (Figure 2) and just one in 20 were Hispanic (5.3%). Almost three in five (65.9%) PAs were under 40 years of age (Figure 3). Reflecting the recent rapid growth in the number of PA programs and status as one of the top 10 professions in the U.S., more than three in five PAs (63.9%) had fewer than 10 years of clinical experience as a PA (Figure 4).

Three specialties accounted for over one-third of the PAs in this survey, just as in the last several years: family medicine (14.1%), orthopaedic surgery (11.1%), and emergency medicine (9.3%; Figure 5).

Your PA Can

PAs are medical professionals who are educated at the graduate level to diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. PAs practice team-based care in every state and in every medical setting and specialty, improving healthcare access and quality.

Figure 1. **Distribution of PAs by Gender**

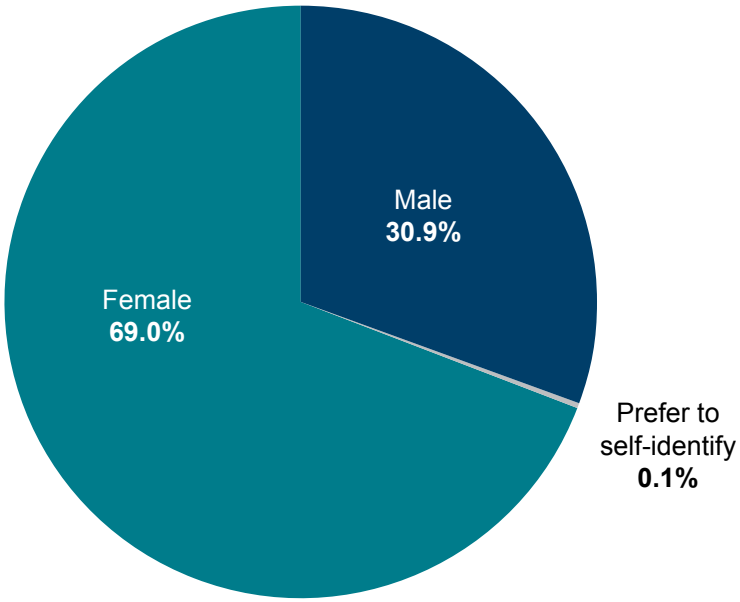


Figure 2. **Distribution of PAs by Race**

Note: Race and ethnicity were two separate questions on the 2020 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 of Hispanic, Latinx, or Spanish origin.

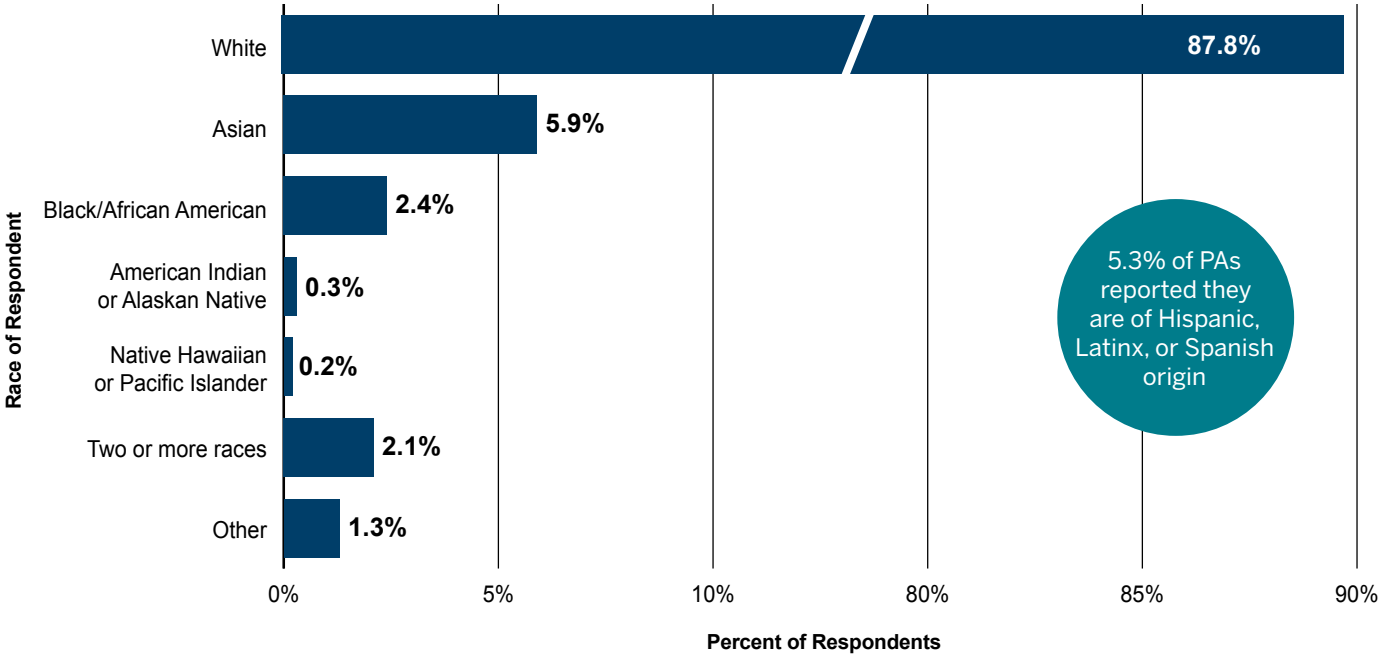
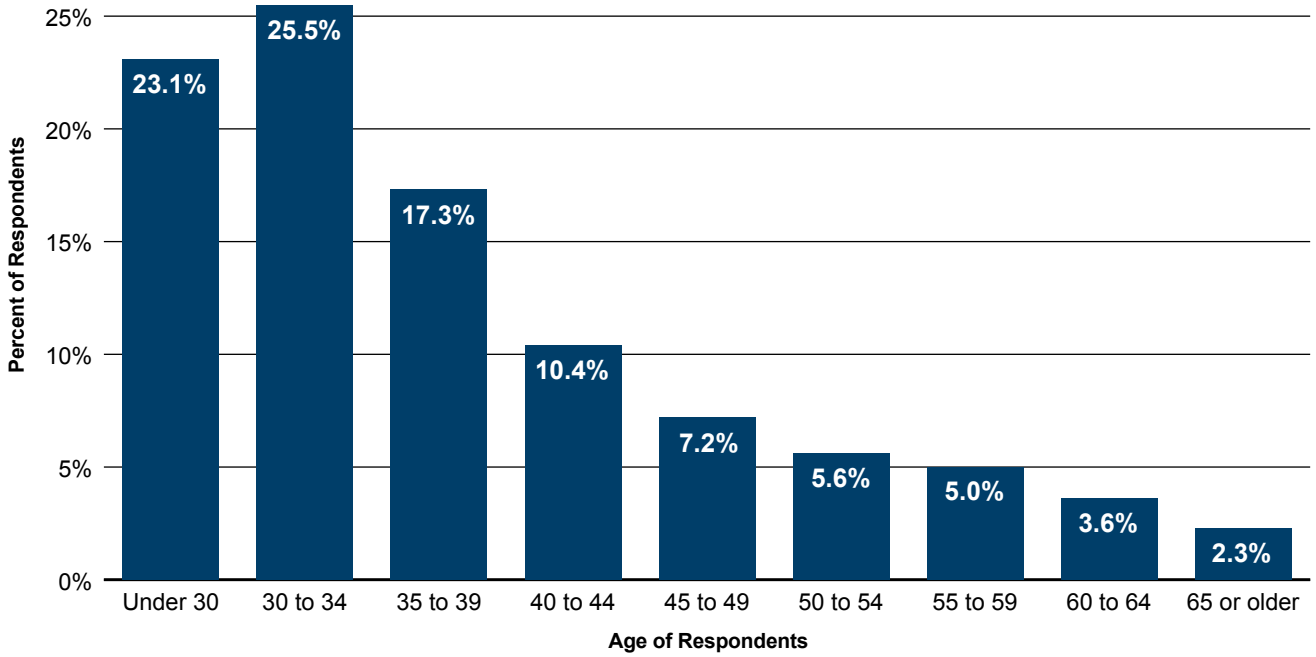


Figure 3. **Distribution of PAs by Age**



Note: Numbers do not sum exactly to 100% due to rounding error.

Figure 4. **Distribution of PAs by Years of Clinical Experience**

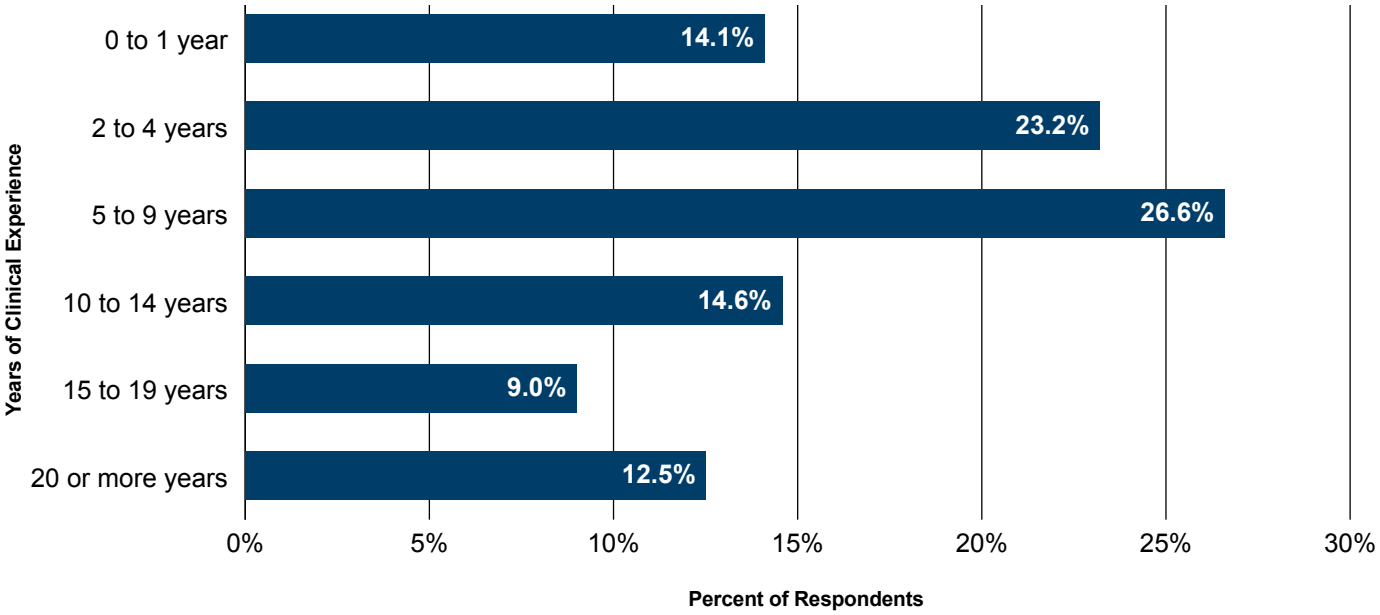
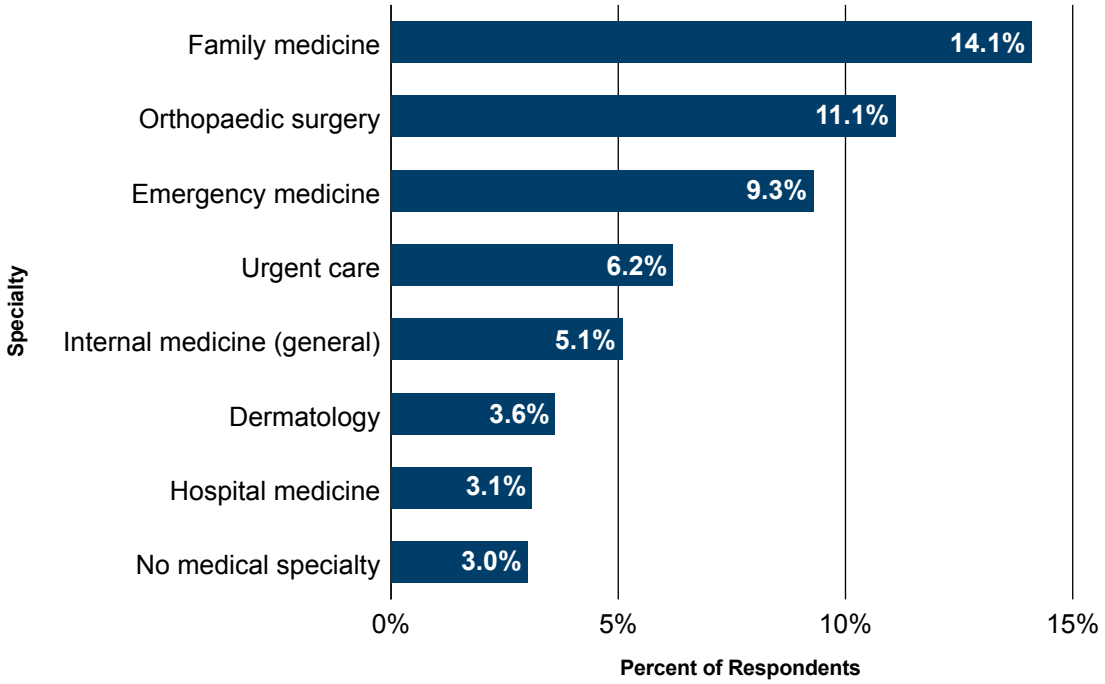


Figure 5. **Distribution of PAs by Specialty**



Note: Only the top seven specialties are listed, with the eighth most popular response being "no medical specialty." The 2020 AAPA Salary Survey allowed PAs who are not in clinical practice (such as full-time educators, administrators, and researchers) to respond.

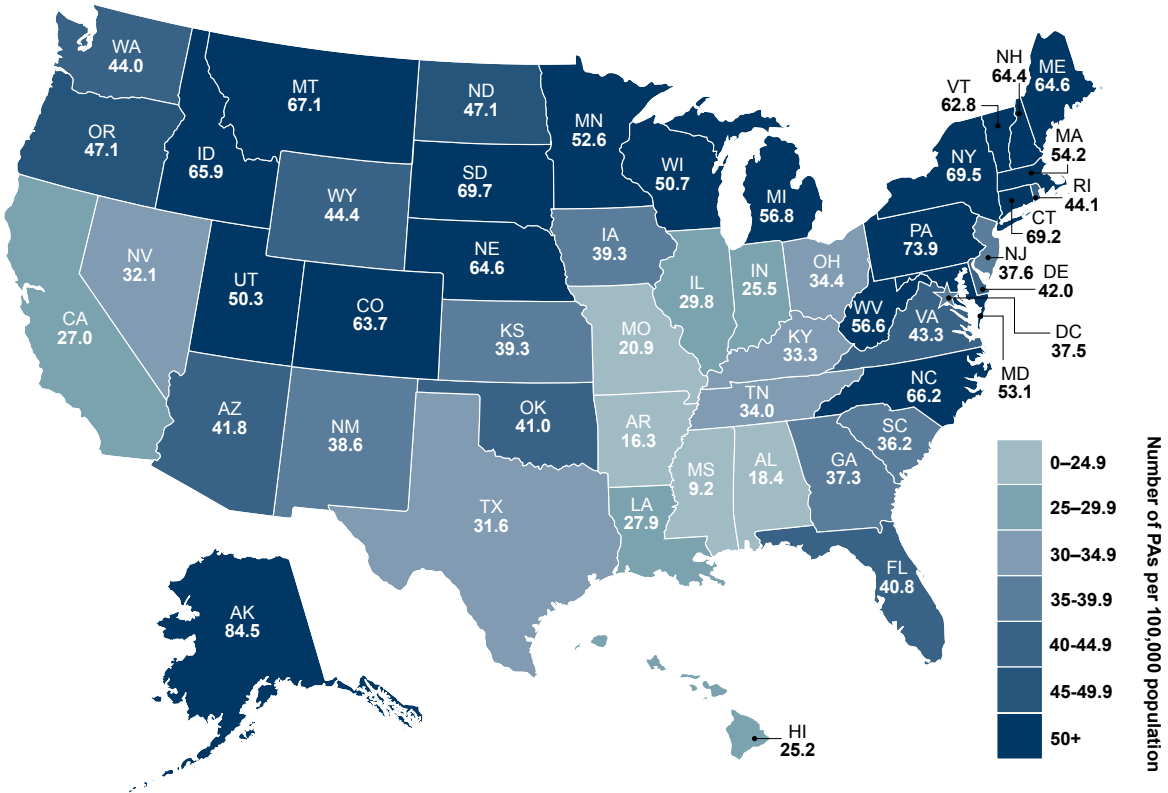
PAs Work Everywhere in Person and via Telehealth

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 84.5 PAs per 100,000 people, Pennsylvania (73.9), South Dakota (69.7), New York (69.5), and Connecticut (69.2) 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 (13,526), California (10,674), Pennsylvania (9,464), Texas (9,174), and Florida (8,760) top the charts. The states with the lowest numbers of PAs per 100,000 population are Mississippi (9.2), Arkansas (16.3), Alabama (18.4), Missouri (20.9), and Hawaii (25.2). States and districts with the lowest absolute number of PAs include Wyoming (257), the District of Colombia (265). Mississippi (275), Hawaii (357), and North Dakota (359). Figure 6 shows the per capita distribution of PAs by state and the District of Columbia.

PAs Are Everywhere in the U.S.

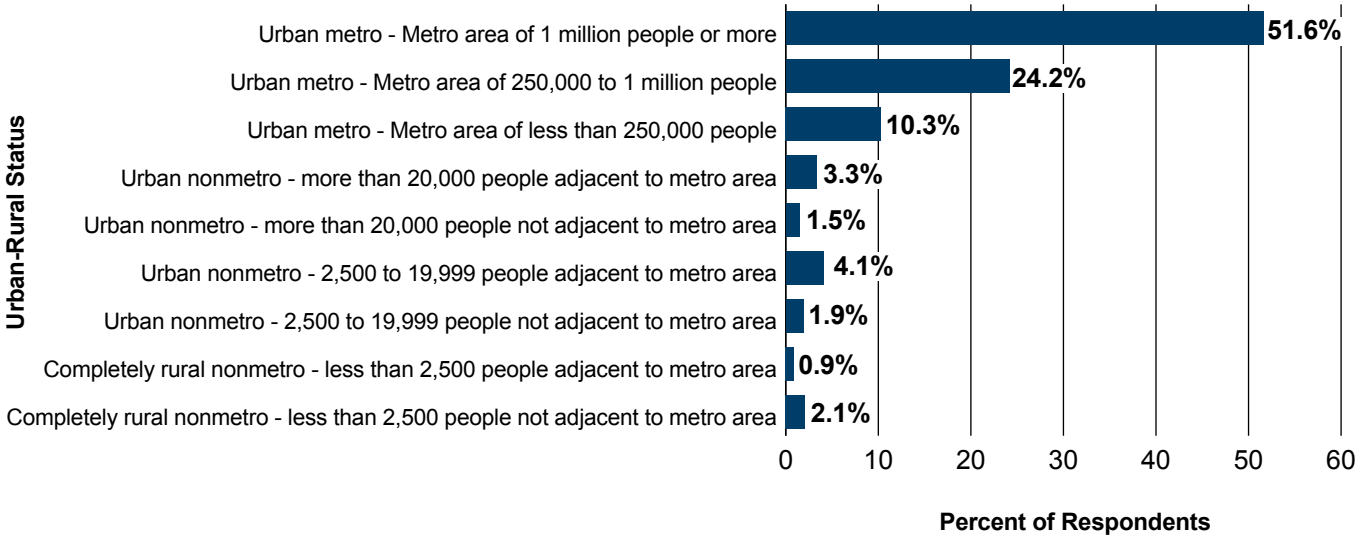
PAs practice all over the U.S. While New York has the greatest number of PAs (13,526), Alaska has the highest number of PAs per capita (84.5 per 100,000 population). Almost one in six PAs work in nonmetro or completely rural areas, and nearly one in 10 use telehealth or telemedicine in their clinical practice.

Figure 6. **Distribution of Certified PAs per Capita by State**



Data source: National Commission on Certification of Physician Assistants, Inc. (2020, May). 2019 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved July 27, 2020 from http://www.nccpa.net/research

Figure 7. **Geographic Distribution of PAs by Metropolitan Area**



Note: The data reflect all PAs who responded to the 2020 AAPA Salary Survey. Numbers do not sum exactly to 100% due to rounding error.

More than six in seven PAs (86.1%) work in metro areas, with slightly less than one in seven (13.8%) working in nonmetro or completely rural areas (see Figure 7). In nonmetro areas, PAs are more likely to specialize in primary care than in metro areas (33.3% versus 19.1%). PAs in nonmetro areas are also more likely to be in physician offices or clinics than PAs in metro areas (61.9% versus 51.6%) and less likely to work in hospitals than PAs in metro areas (26.6% versus 37.5%).

In addition to working in all or every geographic regions, PAs are expanding access to healthcare through telehealth and telemedicine. Almost 10% of the respondents to the survey (9.6%) indicated that they use telehealth or telemedicine in their clinical practice. Emergency medicine PAs are most likely to report using telehealth or telemedicine (18.8%), followed by PAs in both primary care (11.8%) and pediatric subspecialties (11.1%). Among PAs in internal medicine subspecialties, almost one in 12 (8.2%) report using telehealth or telemedicine, more than PAs in surgical subspecialties (5.3%). Finally, 10.1 % of PAs in other specialties report using telehealth or telemedicine in clinical practice. It is critical to note that these were collected in February 2020, before the COVID-19 pandemic became widespread in the U.S. In March 2020, the use of telemedicine increased as many healthcare settings closed their physicial locations for all but the most urgent of cases.

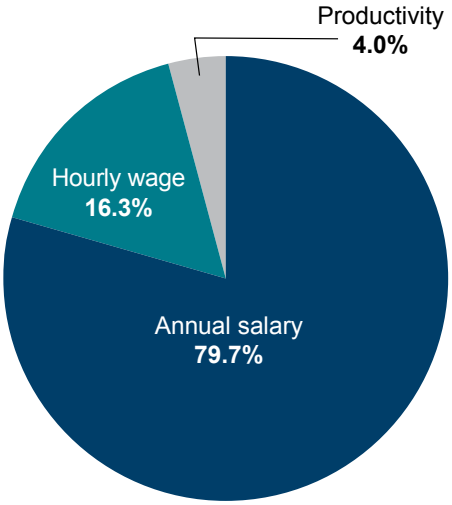
PA Compensation Varies by Multiple Factors

In 2019, almost four in five full-time PAs (79.7%) were paid an annual base salary and 16.3% received an hourly wage, while 4.0% were paid based on productivity, either entirely or in combination with a guaranteed minimum base compensation (Figure 8). The median annual base salary was $110,000, an increase of $4,000 from the previous year. The median hourly wage was $62.73, an increase of $2.73. Median productivity-based compensation was $145,000. Overall the total median compensation across all compensation types was $111,000 (with annualized base wage). Among full-time PAs, half (50.1%) received a bonus, and for those that did, the median bonus was $5,500. The amount of PA compensation, as well as the extent to which it increased from last year, varies by work setting, employer type, and major specialty area. (See Figures 9, 10, and 11.)

PA Compensation in 2019

Compensation in 2019 increased in the PA profession by 3.3%. For the full profession, across compensation types, median compensation was $111,000. Among full-time salaried PAs, median annual base salary was $110,000. PAs who reported receiving an hourly wage reported earning a median of $62.73 per hour, and productivity-compensated PAs reported a median of $145,000. Half (50.1%) of full-time PAs received a bonus; half of these respondents reported a bonus of $5,500 or more.

Figure 8. **Distribution of PAs by Mode of Compensation**



2019 Median PA Compensation:

Base salary: $110,000

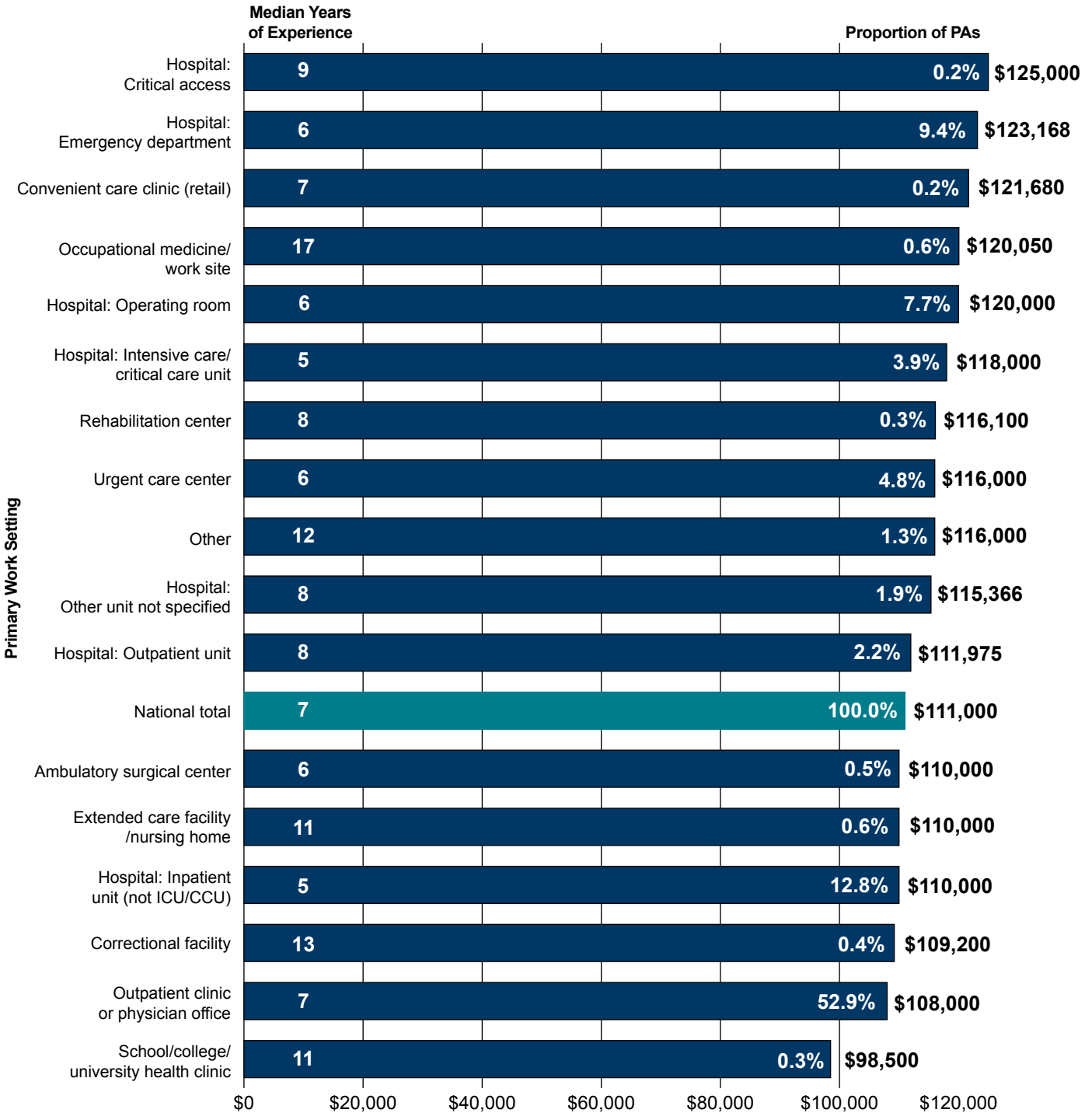
Hourly wage: $62.73

Productivity pay: $145,000

Profession-wide compensation: $111,000

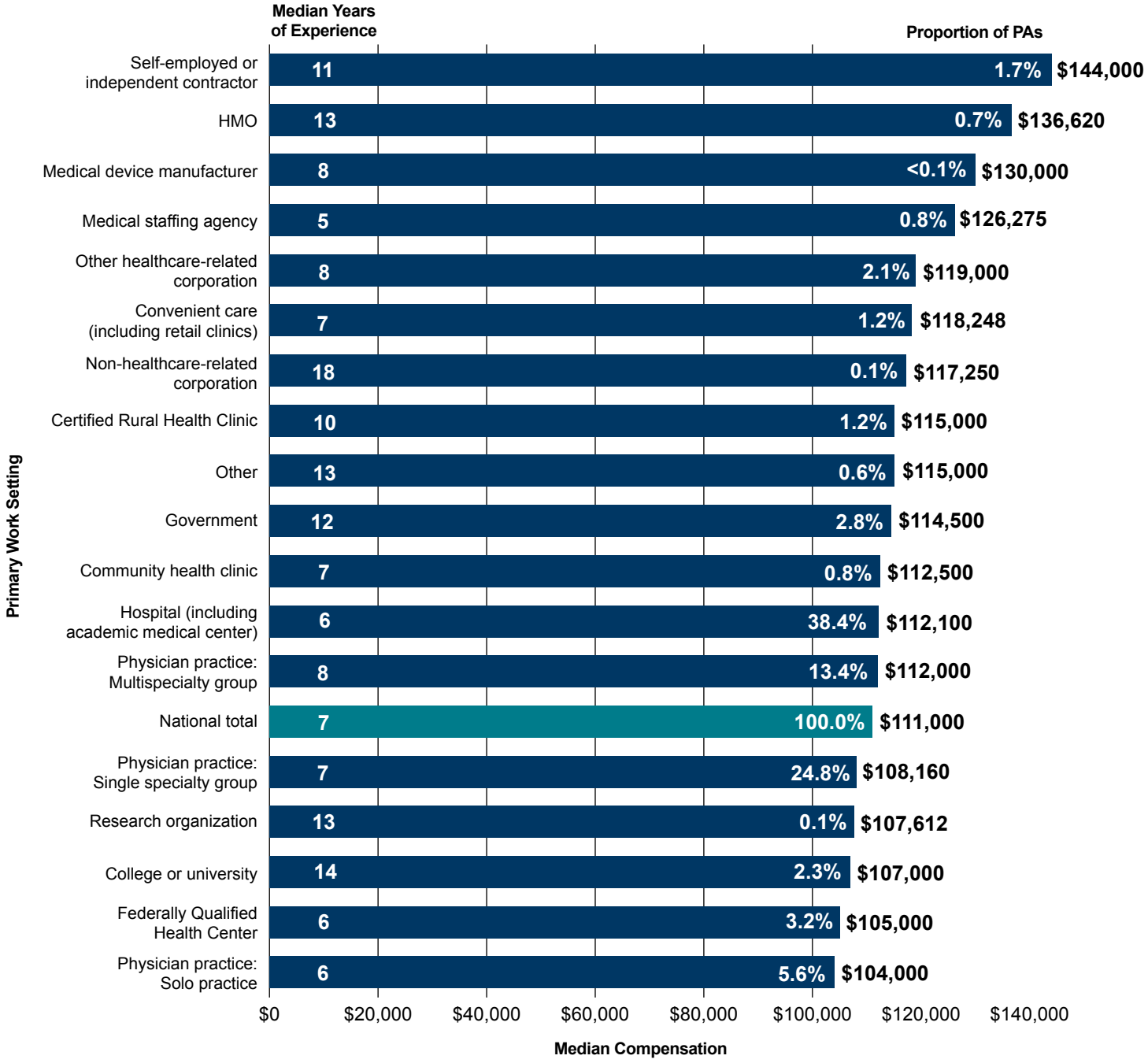
Annual bonus: $5,500

Figure 9. Median Compensation From Primary Employer by Primary Work Setting



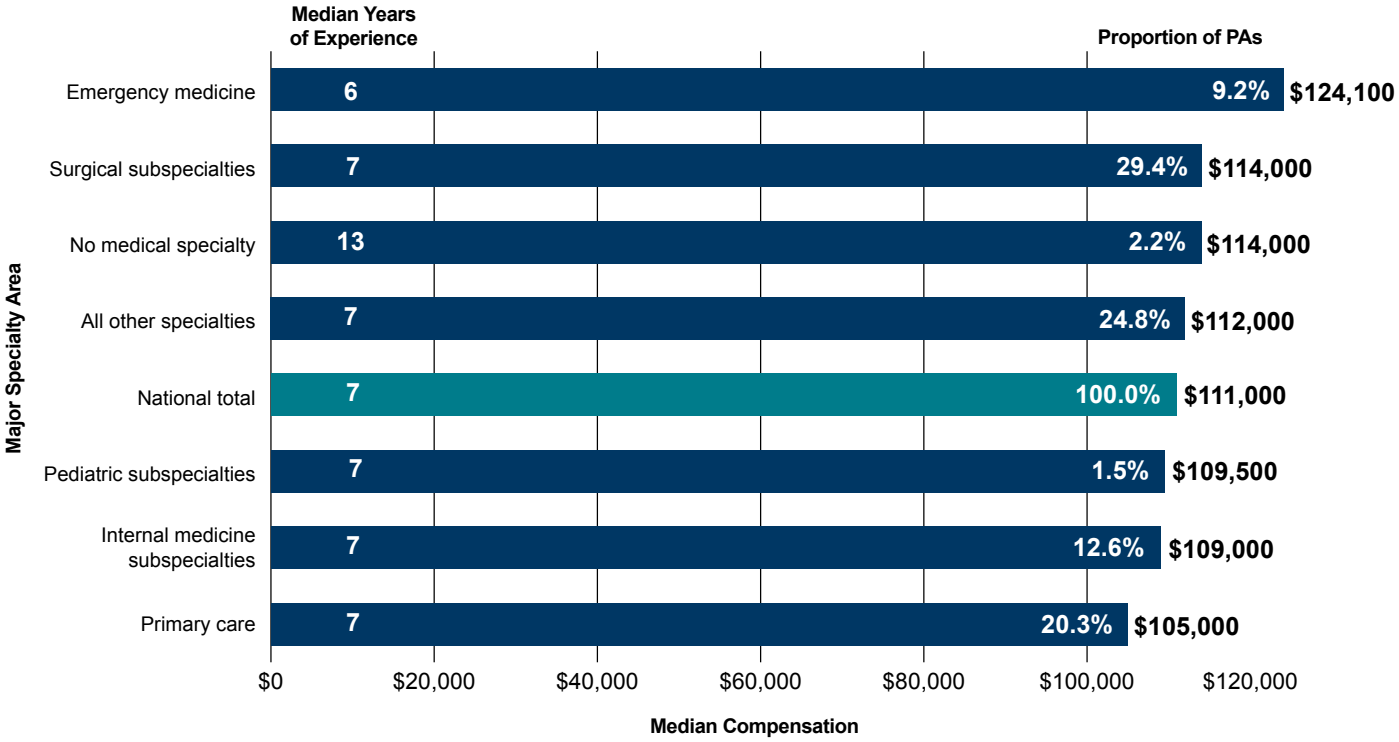
Note: The data reflect PAs who worked 32 hours or more per week in 2019. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. Percentages inside bars indicate the percentage of PAs who report that employer type as their primary work setting. The percentages 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 2020 AAPA Salary Survey.

Figure 10. Median Compensation From Primary Employer by Employer Type



Note: The data reflect PAs who worked 32 hours or more per week in 2019. "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 2020 AAPA Salary Survey. Numbers do not sum exactly to 100% due to rounding error.

Figure 11. Median Compensation From Primary Employer by Major Specialty Area



Note: The data reflect PAs who worked 32 hours or more per week in 2019. "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 specialty as their primary specialty area. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2020 AAPA Salary Survey.

Both where a PA works (work setting) as well as for whom a PA works (employer type) are associated with compensation. PAs who work in hospitals (regardless of type) reported median compensation of $115,000, but work settings within hospitals varied substantially. PAs in school/college/university health clinics ($98,500), outpatient clinics or physician offices ($108,000), or correctional facilities ($109,200), reported the lowest median compensation. PAs in critical access hospitals ($125,000), hospital emergency departments ($123,168), and convenient care clinics ($121,680), reported the highest median compensation (Figure 9). See Tables 20 and 21 for more information.

PAs whose employer is a physician practice (solo practice, $104,000), a Federally Qualified Health Center ($105,000), or a college or university ($107,000) reported the lowest median compensation. PAs who are self-employed or independent contractors ($144,000), employed by an HMO ($136,620), or employed by a medical device manufacturer ($130,000), reported the highest median compensation (Figure 10). For more information, see Tables 23 and 24.

PAs who practice emergency medicine as their major specialty area earned more than PAs in other major specialty areas ($124,100; Figure 11), 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 ($105,000). See Tables 10 and 11 for more information.

Compensation and Cost of Living Vary by State for PAs

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 a high cost of living, giving their dollar "less bang for the buck," while others have a low cost of living, making dollars go further.

Understanding how far your salary or hourly wage will go in your state is vital, particularly if you wish to move to another state and maintain a similar standard of living. AAPA provides cost-of-living adjusted compensation data to PAs, both at the state and local levels. Using cost-of-living data calculators, such as the one found on our website, a PA can determine the compensation needed to maintain the same standard of living in a different location.

In 2019, the median PA salary in the United States was $110,000, and the median hourly wage was $62.73. Figures 12 and 14 display actual median base salary and hourly wage for each state and the District of Columbia. Figures 13 and 15 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 PAs' dollars may not go as far as their paycheck may suggest.

How Far Does Your Dollar Go?

A larger paycheck does not always translate to more buying power. AAPA has partnered with the Council for Community and Economic Research (C2ER) to make cost-of-living data adjusted compensation data available to PAs.

While Alaska, California, Nevada, and Wyoming (tied for third) have the top four base salaries, and Alaska, Nevada, Arkansas, and California (tied for third) have the top four hourly wages nationally (Figures 14 and 16), this does not account for the cost of living in each of these states. Once the cost of living is considered, the four states with the highest base salaries are Wyoming, Oklahoma, Nevada, and New Mexico (Figure 13). The top four for hourly wage (Figure 15) are Arkansas, Missouri, Oklahoma, and Tennessee. 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. For a state-by-state comparison of actual versus cost-of-living adjusted base salary and hourly wages, see Charts 2 and 3.

Figure 12. **Median Base Salary by State Rankings**

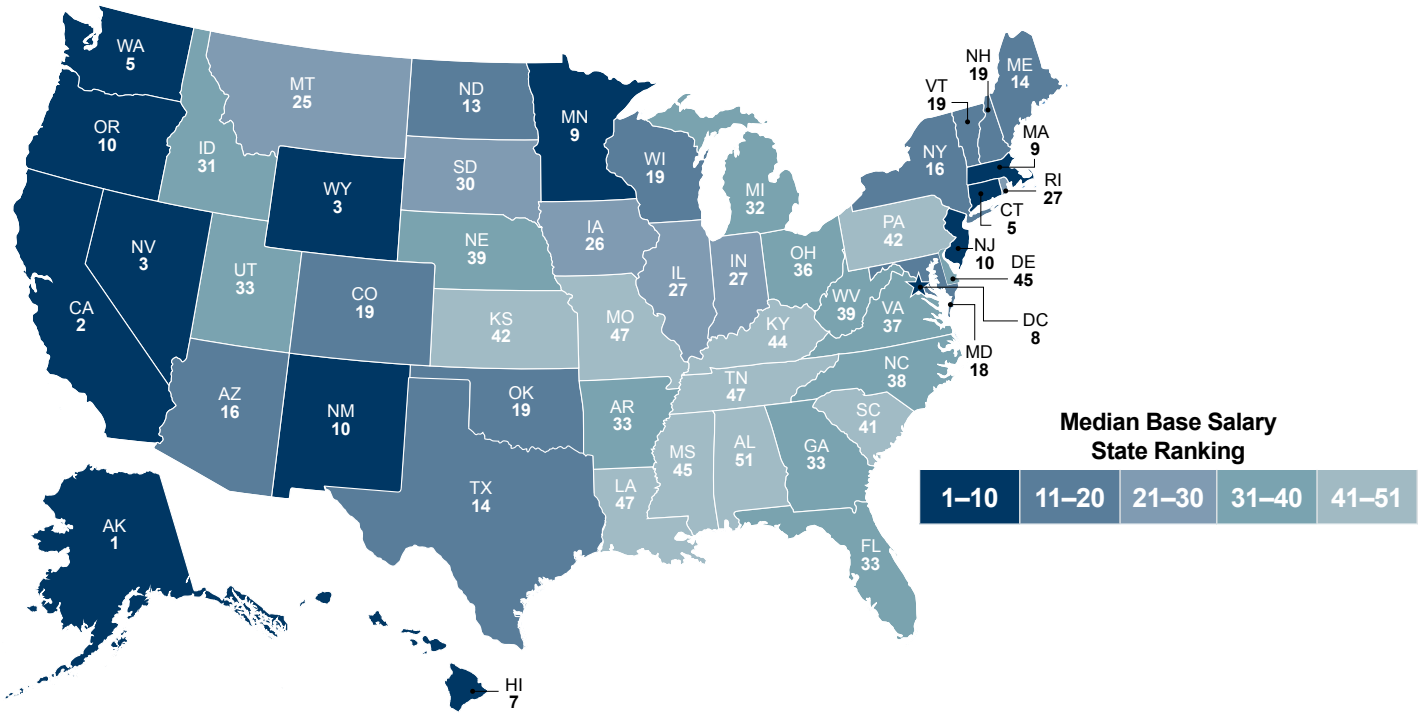


Figure 13. **Cost-of-Living Adjusted Salary by State Rankings**

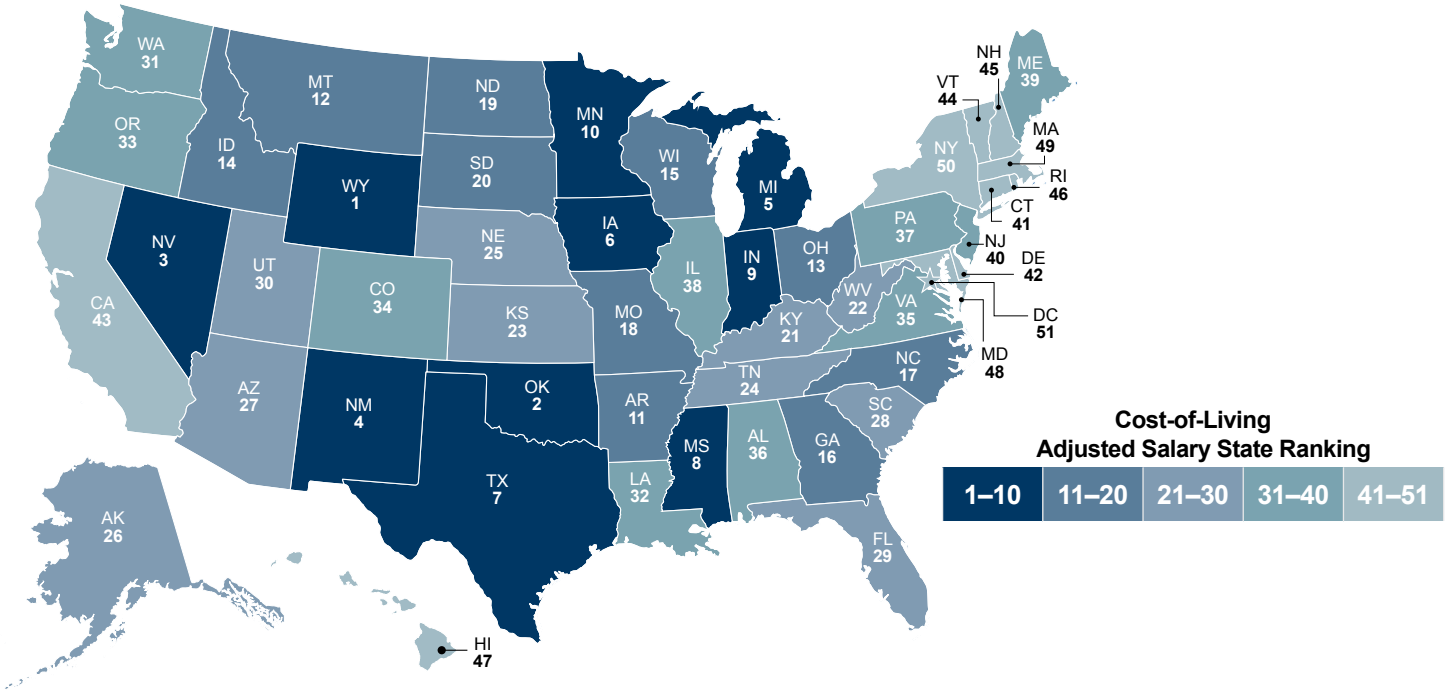


Chart 2. Actual and Cost-of-Living Adjusted Median Base Salary and Rankings by State

STATE	ACTUAL MEDIAN BASE SALARY	MEDIAN BASE SALARY STATE RANKING	COST-OF-LIVING ADJUSTED BASE SALARY	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	90,500	51	104,660	36
Alaska	133,976	1	113,150	26
Arizona	111,000	16	111,987	27
Arkansas	100,000	47	120,972	11
California	130,000	2	97,853	43
Colorado	110,000	19	107,510	34
Connecticut	120,000	5	99,968	41
Delaware	100,500	45	99,478	42
District of Columbia	117,253	8	80,685	51
Florida	105,000	33	109,856	29
Georgia	105,000	33	118,279	16
Hawaii	117,500	7	94,920	47
Idaho	106,114	31	118,793	14
Illinois	107,000	27	103,403	38
Indiana	107,000	27	121,744	9
Iowa	109,000	26	123,077	6
Kansas	102,000	42	115,036	23
Kentucky	101,000	44	115,517	21
Louisiana	100,000	47	109,494	32
Maine	112,000	14	102,733	39
Maryland	110,776	18	92,148	48
Massachusetts	110,000	19	91,247	49
Michigan	105,800	32	123,304	5
Minnesota	117,000	9	121,410	10
Mississippi	100,500	45	122,577	8
Missouri	100,000	47	117,435	18
Montana	109,500	25	119,276	12
Nebraska	103,000	39	114,105	25
Nevada	125,000	3	123,958	3
New Hampshire	110,000	19	96,162	45
New Jersey	115,000	10	100,587	40
New Mexico	115,000	10	123,336	4
New York	111,000	16	82,427	50
North Carolina	103,290	38	117,463	17
North Dakota	112,500	13	117,229	19
Ohio	103,609	36	119,046	13
Oklahoma	110,000	19	127,801	2
Oregon	115,000	10	108,481	33
Pennsylvania	102,000	42	103,892	37
Rhode Island	107,000	27	95,833	46
South Carolina	102,776	41	111,747	28
South Dakota	106,412	30	115,573	20
Tennessee	100,000	47	114,683	24
Texas	112,000	14	122,719	7
Utah	105,000	33	109,853	30
Vermont	110,000	19	97,554	44
Virginia	103,410	37	105,909	35
Washington	120,000	5	109,738	31
West Virginia	103,000	39	115,497	22
Wisconsin	110,000	19	118,644	15
Wyoming	125,000	3	130,567	1
US	110,000			

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 two-way tie for 8th rank, so the subsequent state was ranked 5th.

Figure 14. **Median Hourly Wage by State Rankings**

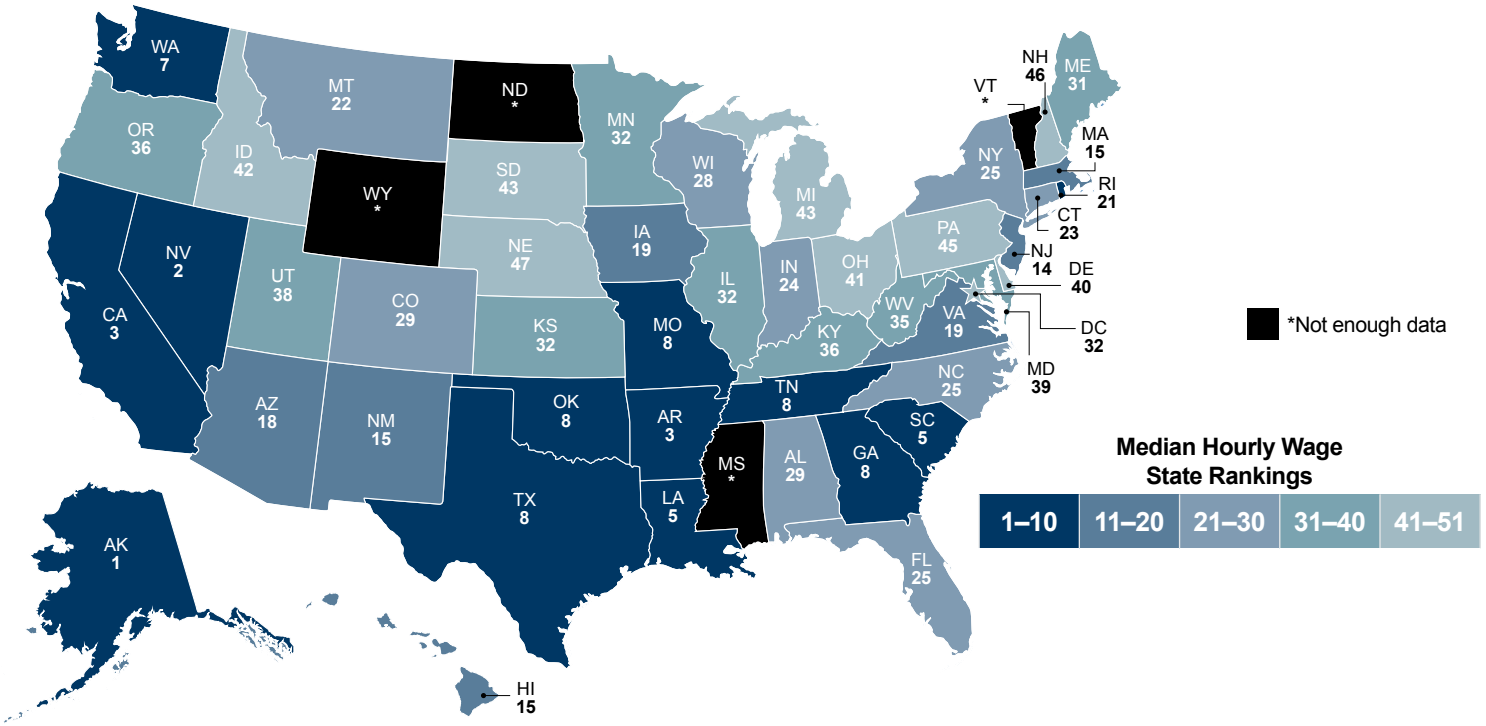


Figure 15. **Cost-of-Living Adjusted Hourly Wage by State Rankings**

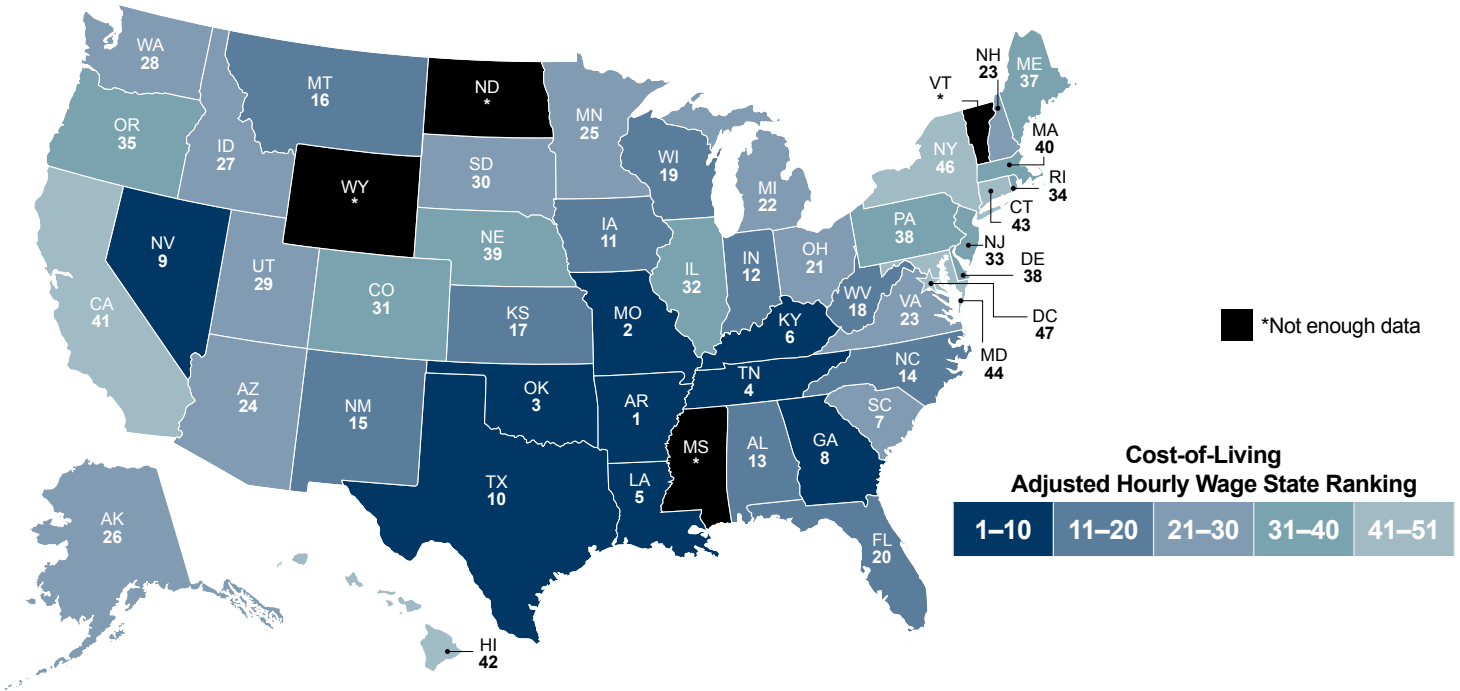


Chart 3. Actual and Cost-of-Living Adjusted Hourly Wages and Rankings by State

STATE	ACTUAL MEDIAN HOURLY WAGE	MEDIAN HOURLY WAGE STATE RANKING	COST-OF-LIVING ADJUSTED HOURLY WAGE	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	60.50	29	69.97	13
Alaska	73.00	1	61.65	26
Arizona	62.83	18	63.38	24
Arkansas	70.00	3	84.68	1
California	70.00	3	52.69	41
Colorado	60.50	29	59.13	31
Connecticut	62.00	23	51.65	43
Delaware	56.00	40	55.43	36
District of Columbia	60.00	32	41.29	47
Florida	61.50	25	64.34	20
Georgia	65.00	8	73.22	8
Hawaii	64.00	15	51.70	42
Idaho	55.01	42	61.58	27
Illinois	60.00	32	57.98	32
Indiana	61.84	24	70.36	12
Iowa	62.50	19	70.57	11
Kansas	59.00	36	66.54	17
Kentucky	65.00	8	74.34	6
Louisiana	68.00	5	74.46	5
Maine	60.23	31	55.24	37
Maryland	57.01	39	47.42	44
Massachusetts	64.00	15	53.09	40
Michigan	55.00	43	64.10	22
Minnesota	60.00	32	62.26	25
Mississippi	*	*	*	*
Missouri	65.00	8	76.33	2
Montana	62.30	22	67.86	16
Nebraska	49.00	47	54.28	39
Nevada	72.00	2	71.40	9
New Hampshire	52.50	46	45.90	45
New Jersey	64.75	14	56.63	33
New Mexico	64.00	15	68.64	15
New York	61.00	25	45.30	46
North Carolina	61.50	25	69.94	14
North Dakota	*	*	*	*
Ohio	55.84	41	64.16	21
Oklahoma	65.00	8	75.52	3
Oregon	59.00	36	55.66	35
Pennsylvania	54.00	45	55.00	38
Rhode Island	62.45	21	55.93	34
South Carolina	68.00	5	73.94	7
South Dakota	55.00	43	59.73	30
Tennessee	65.00	8	74.54	4
Texas	65.00	8	71.22	10
Utah	58.50	38	61.20	29
Vermont	*	*	*	*
Virginia	62.50	19	64.01	23
Washington	67.00	7	61.27	28
West Virginia	59.30	35	66.50	18
Wisconsin	60.95	28	65.74	19
Wyoming	*	*	*	*
US	62.73			

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 2020 AAPA Salary Report includes more detailed PA compensation and benefits information than ever before. We've compiled this list of questions PAs often ask — and employers ask PAs — and the corresponding answers. Please email us with any additional questions you may have. We are 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 the myth 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" or "compensation."

For example, the base salary data 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 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.

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, 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 of 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.

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, Arizona 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.