2024 AAPA Salary Report

NATIONAL SUMMARY

American Academy of Physician Associates

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A Word From the CEO

Dear PAs and Future PAs,

When AAPA released its 2010 Census of Physician Assistants, there were approximately 83,500 clinically practicing PAs across the U.S. In the 14 years since, the profession has more than doubled. Today, there are over 178,000 PAs working in various specialties. According to projections from the Bureau of Labor Statistics, PA employment is expected to grow another 27% between 2022 to 2032. This expansion of the profession is directly related to patient demand for the high-quality care PAs provide in their daily practice. Recent data from The Harris Poll demonstrate how your patients feel: Nearly eight in 10 (79%) adults who saw a PA rated the care they received as good or excellent.

The PA profession continues to be ranked by U.S. News & World Report as one of the top five careers in the country. One of the factors for this rating is the many opportunities for advancement, and increased compensation, available for PAs. While PAs are not immune to the stress and burnout common within health professions, most report their careers are meaningful, their work is satisfying, and their professional contributions are valued in the workplace.

Increases in PA compensation are a clear reflection of the impact PAs have on our healthcare ecosystem. In 2023, PAs saw gains in both salary and benefits. We hope the findings in this report empower you and your fellow PAs as you effectively navigate your career path. The 2024 AAPA Salary Report offers a closer look at the demographics of the profession, compensation for PAs within hospital settings, the interaction between professional fulfillment and compensation, and more. Some of the trends reported by the more than 10,000 PAs who responded to the 2024 AAPA Salary Survey include:

- PA median compensation increased from $120,000 in 2022 to $127,000 in 2023.
- Over 90% of PAs received professional development funds from their primary employers. The median amount of annual professional development funds was $2,000.
- 37% of PAs worked in a hospital setting and had a median compensation of over $130,000.
- Professional fulfillment in the PA workforce increased over the last year. Professionally fulfilled PAs often had higher median compensation than their peers.

There are even more insights available in the 2024 AAPA Salary Report. AAPA develops the only PA compensation resource encompassing a diverse range of specialty areas, work settings, employer types, and years of experience. This comprehensive data is valuable for any PA evaluating job opportunities and engaging in contract negotiations. Further, the AAPA Salary Report provides data on bonuses (separate from base salary and wages) as well as fringe benefits, such as professional development funding, to help you advocate on behalf of yourself and your profession.

I am confident that the 2024 AAPA Salary Report will serve as an indispensable tool as you navigate the dynamic terrain of our healthcare landscape. Feel free to contact the AAPA Research Department with feedback or inquiries regarding how we can continue to develop this report to support your professional journey.

Sincerely,

Lisa M. Gables

Lisa M. Gables, CPA
CEO, AAPA

Methodology

Data for 2024 AAPA Salary Report were collected via the 2024 AAPA Salary Survey between Jan. 24 and March 7, 2024. 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 12,207 PAs responded to at least some of the questions in the 2024 AAPA Salary Survey, resulting in a margin of error of +/- 0.89% at the 95% confidence level. However, response rates and margins of error vary by section and breakout. For example, 10,963 PAs completed most of the survey, leading to a shift in margin of error to +/- 0.94% 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 2024 AAPA Salary Report, respondents must have worked 32 hours or more per week in 2023 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 2023, November 2022, May 2022, November 2021, May 2021, and November 2020 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 2023	Rolling collection from Jan. 1, 2021 to Dec. 31, 2023	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, 2021 and Dec. 31, 2023	Employed PAs sampled in a wide range of employment settings
Reporting	Self-reported	Self-reported	Employer-reported
What is included in "compensation"	Base salary or productivity compensation, as well as hourly wage (annualized for certain analyses). Not included, but reported separately: bonuses, on-call pay, profit sharing and more.	Previous calendar year's total gross income from all PA positions. Data are collected in ranges of $10,000, beginning at "under $40,000." Midpoints of ranges are used to calculate median and mean.	Base hourly/annual rates from employer. Hourly wage is multiplied by 2,080 to produce an annual wage for year-round, full-time employees.
Level of detail	Salary, hourly wage, bonus, fringe benefits, and annualized wages	Annual 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	$127,000	$125,000	$130,490

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 2023, November 2022, May 2022, November 2021, May 2021, and November 2020 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 were 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 2024 AAPA Salary Survey, the PA profession, compensation, and benefits in calendar year 2023.

ABOUT THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES (AAPA)

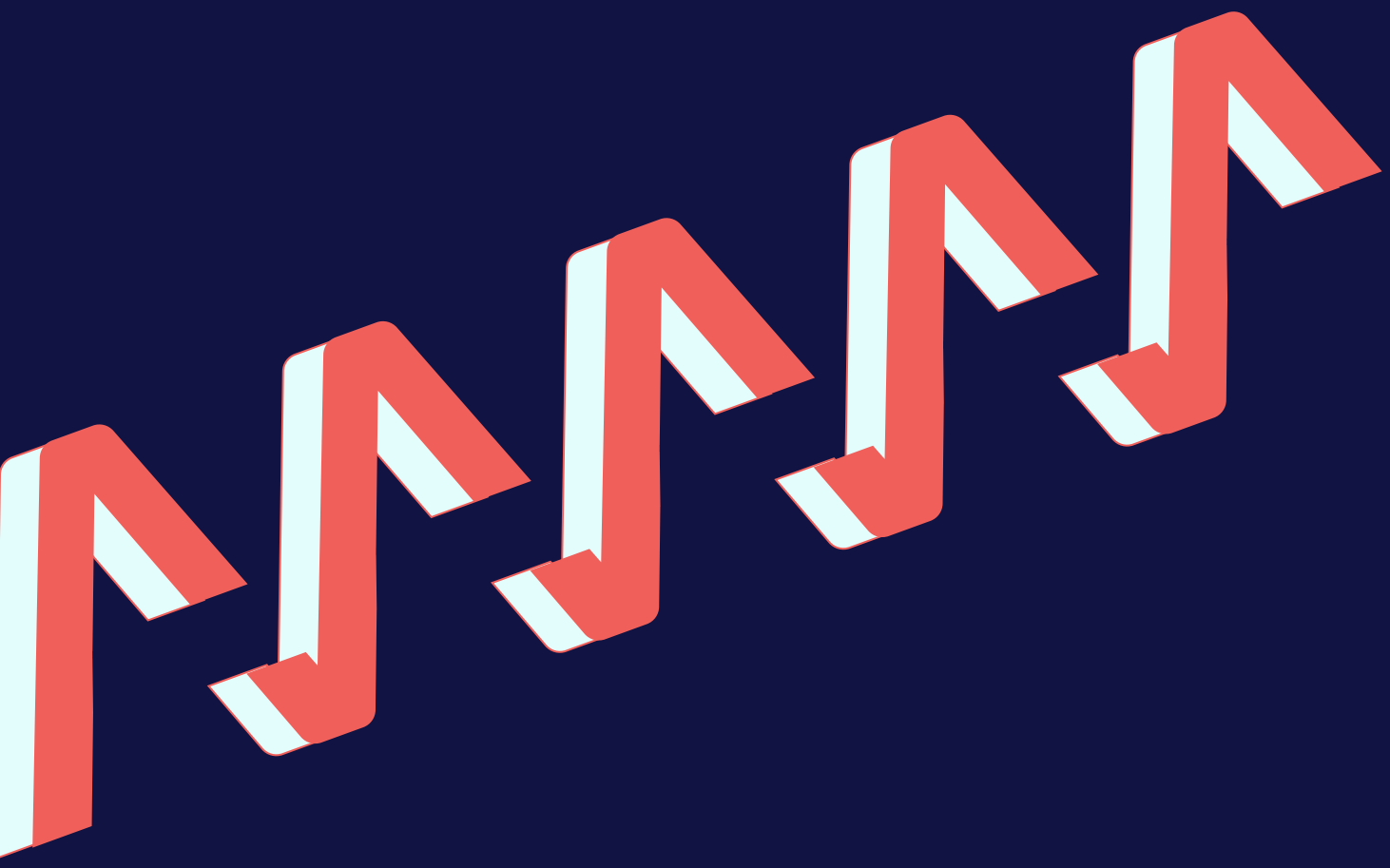
Founded in 1968, the American Academy of Physician Associates (AAPA) is the national professional society for PAs (physician associates/physician assistants). It represents a profession of more than 178,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. 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 seventh year in a row by U.S. News & World Report. The PA profession ranked number four in Best STEM jobs in 2024. Learn more about the profession at LinkedIn, Instagram, and X (formerly known as Twitter).

How to Cite

American Academy of PAs. (2024). 2024 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 almost 60 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 approximately 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

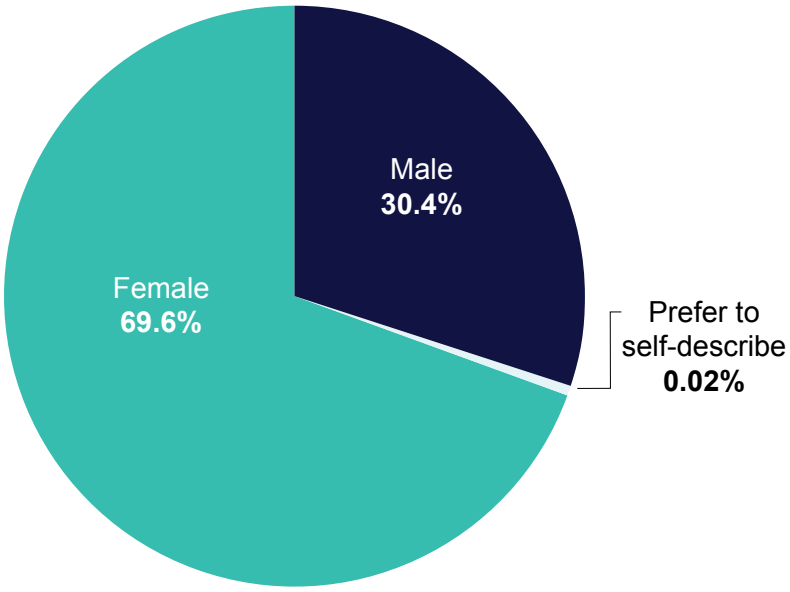
PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, 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 2024 AAPA Salary Survey, almost seven in 10 respondents (69.6%) were female (Figure 1). Over eight in 10 PAs (85.0%) were white and 6.6% reported they were of Hispanic, Latinx, or Spanish origin (Figure 2). Approximately 2 in 3 (64.8%) PAs were under 40 years of age (Figure 3), and six in 10 PAs (59.6%) 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 2024 top jobs in the U.S., according to U.S. News & World Report.

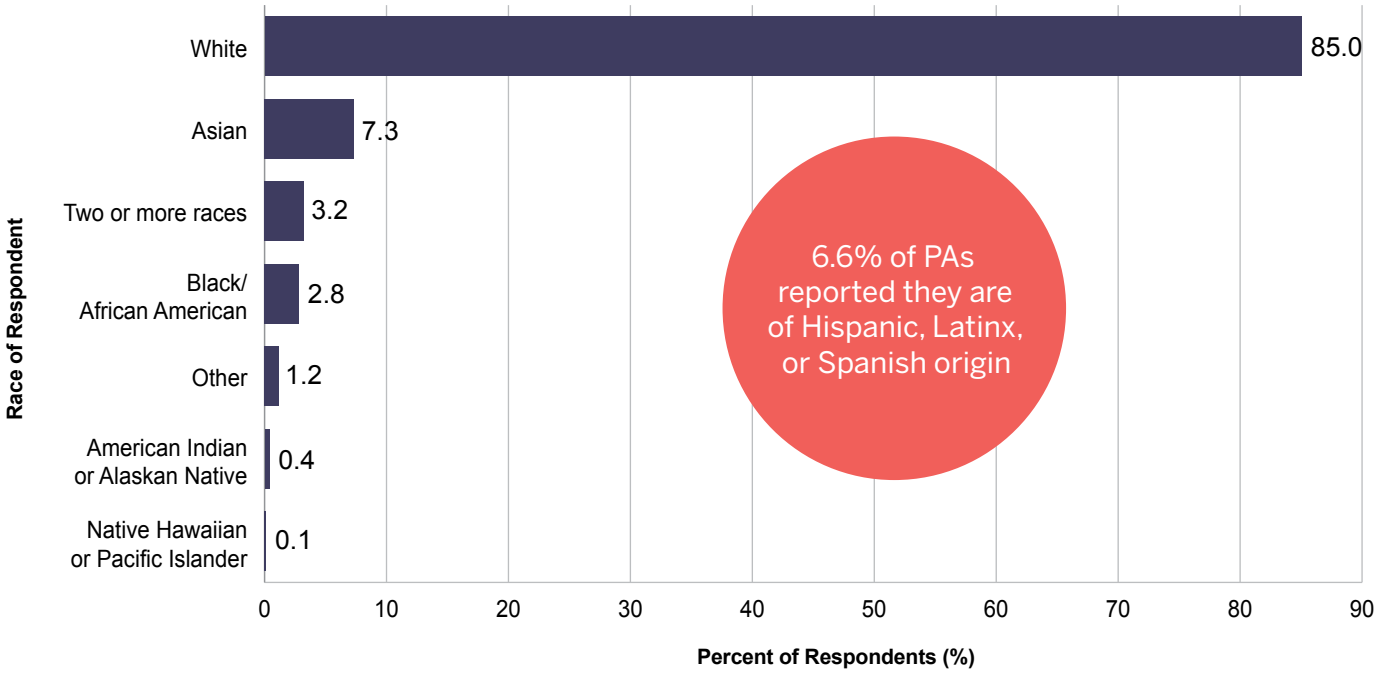
Three specialties accounted for almost one-third of the PAs in this survey, just as in the last several years: family medicine (13.9%), orthopaedic surgery (10.4%), and emergency medicine (7.4%; Figure 5). AAPA defines "urgent care" as a separate specialty from family medicine and emergency medicine, and it is the fourth-most reported specialty in which PAs practice (5.5%).

FIGURE 1. Distribution of PAs by Gender



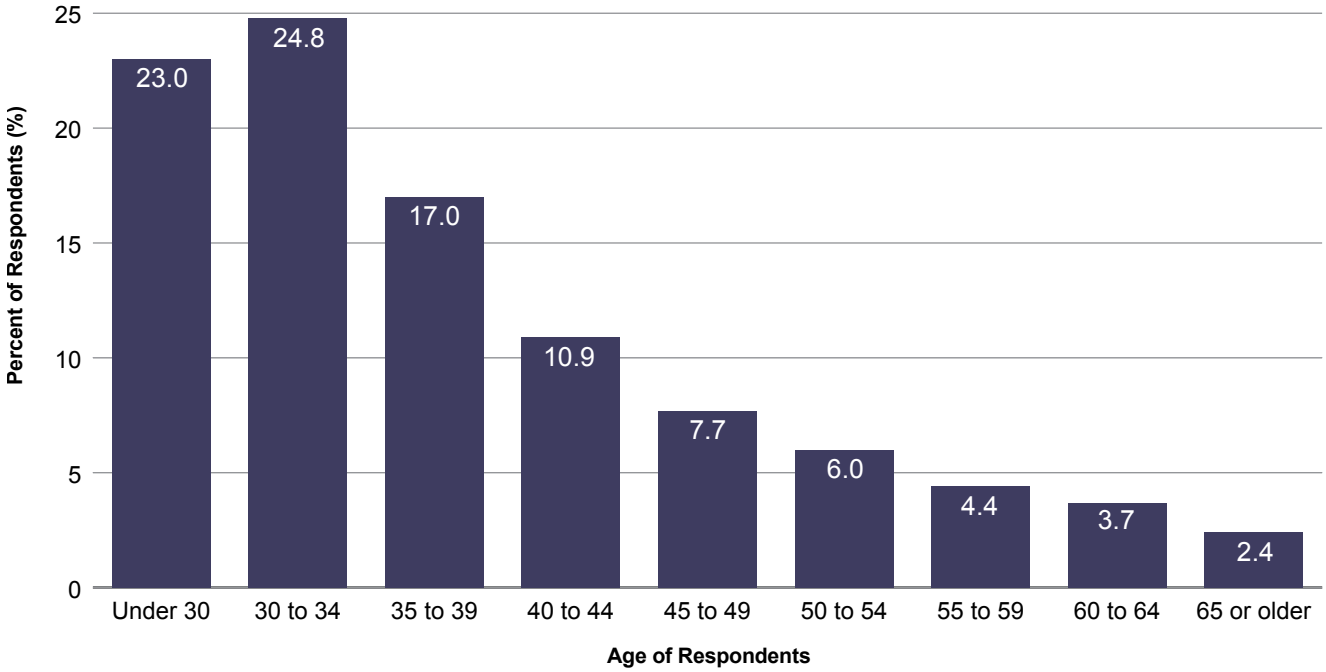
Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey.

FIGURE 2. Distribution of PAs by Race and Ethnicity



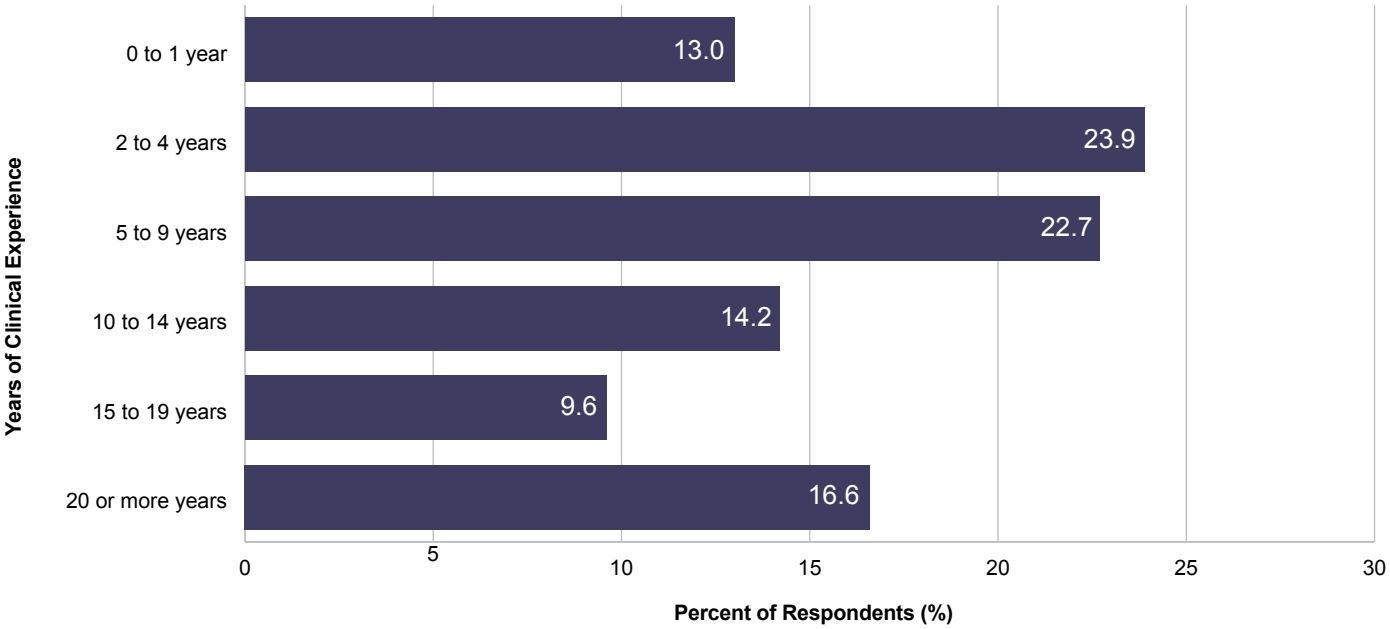
Note: Race and ethnicity were two separate questions on the 2024 AAPA Salary Survey. First, respondents were asked which race best identifies them, and these responses appear in the bars on Figure 2. Then, respondents were asked if they are of Hispanic, Latinx, or Spanish origin. These responses can be viewed within the insert in Figure 2.

FIGURE 3. Distribution of PAs by Age



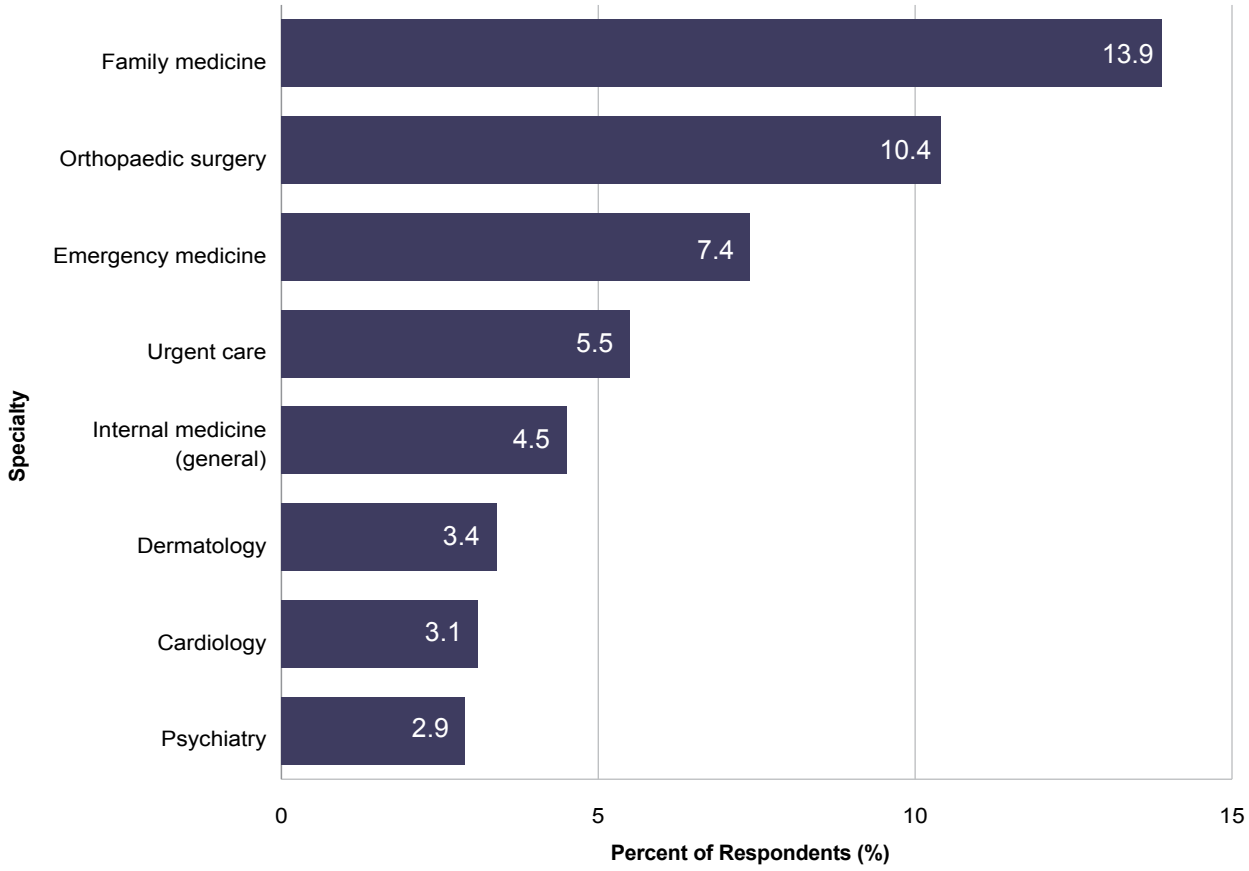
Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey.

FIGURE 4. Distribution of PAs by Years of Clinical Experience



Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey.

FIGURE 5. Distribution of PAs by Specialty



Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey. Only the top eight specialties are listed, excluding "no medical specialty." The 2024 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.

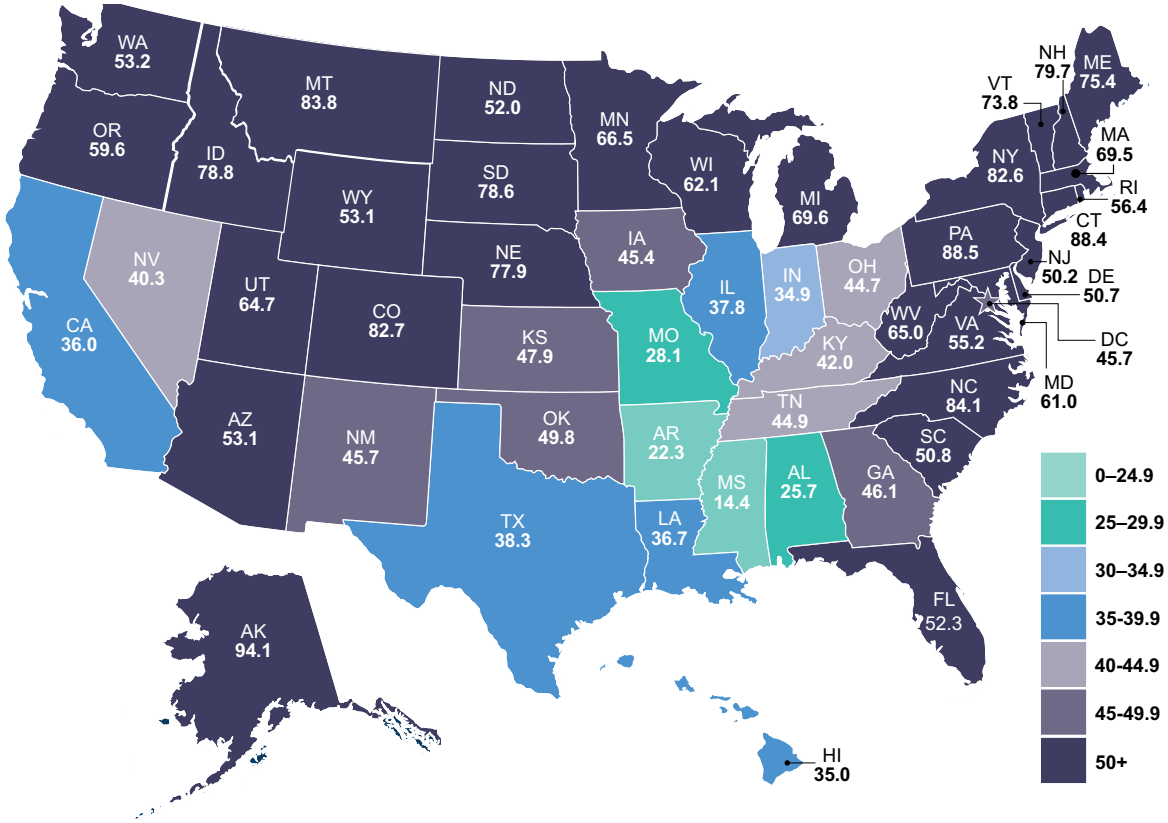
PAs Work Everywhere

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 94.1 PAs per 100,000 people, Pennsylvania (88.5), Connecticut (88.4), North Carolina (84.1), and Montana (83.8), 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 (16,168), California (14,023), Florida (11,821), Texas (11,687), and Pennsylvania (11,471) top the charts. The states with the lowest numbers of PAs per 100,000 population are Mississippi (14.4), Arkansas (22.3), Alabama (25.7), Missouri (28.1), and Indiana (34.9). States and districts with the lowest absolute number of PAs include the District of Columbia (310), Wyoming (310), North Dakota (408), Mississippi (424), and Vermont (478). Figure 6 shows the per capita distribution of PAs by state and the District of Columbia.

PAs ARE EVERYWHERE IN THE U.S.

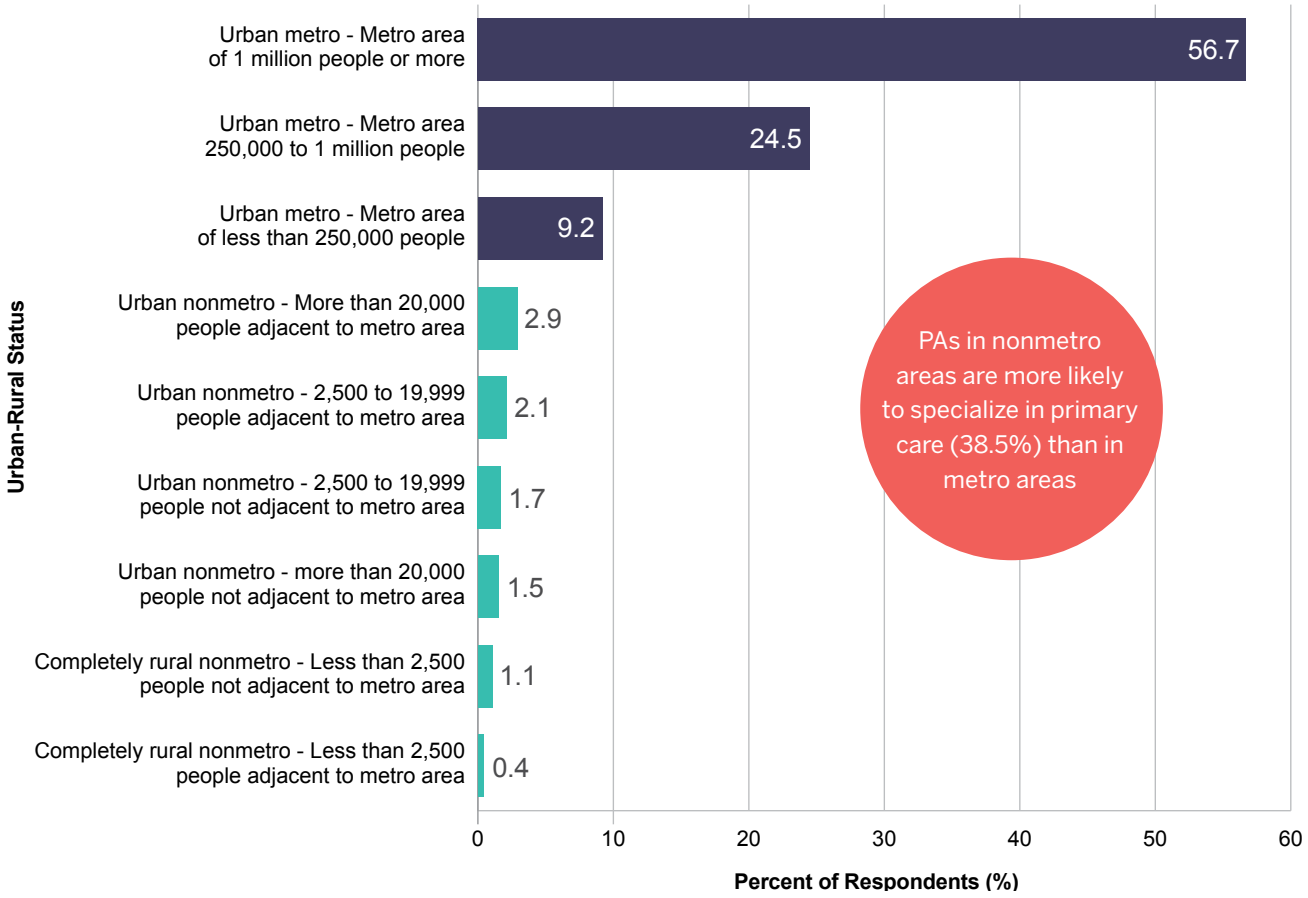
PAs practice all over the U.S. While New York has the greatest number of PAs (16,168), Alaska has the highest number of PAs per capita (94.1 per 100,000 population). Almost one in 10 PAs work in nonmetro or completely rural areas, and almost half currently use telehealth or telemedicine in their clinical practice.

FIGURE 6. Distribution of Certified PAs per Capita by State



Data source: National Commission on Certification of Physician Assistants, Inc. (2024 May) 2023 Statistical Profile of Certified Physician Assistants: An Annual Report of the National Commission on Certification of Physician Assistants. Retrieved May 6, 2024, from nccpa.net/research.

FIGURE 7. Geographic Distribution of PAs by Metropolitan Area

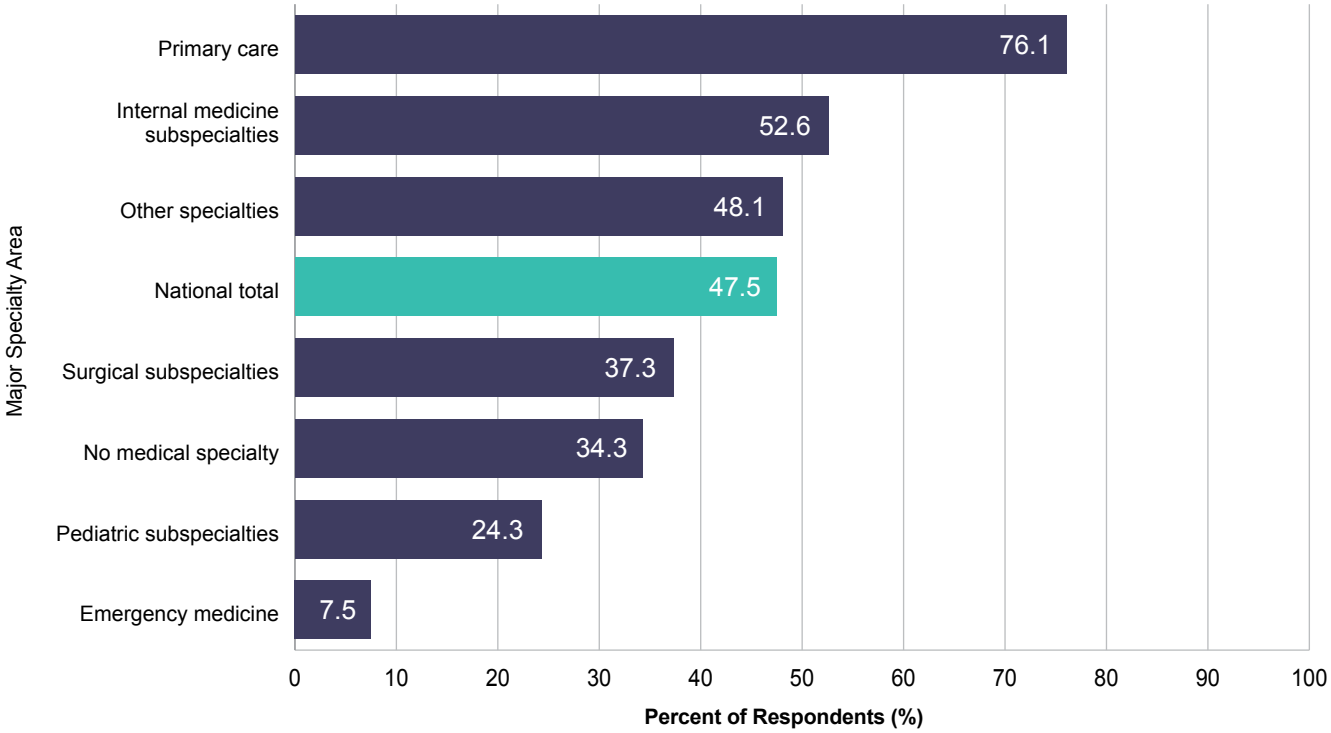


Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey.

Approximately nine in 10 PAs (90.4%) work in metro areas, with almost one-tenth (9.6%) working in nonmetro or completely rural areas (see Figure 7). In addition to working across the U.S., PAs are expanding access to healthcare through telehealth and telemedicine. About half of all PAs (47.5%) used telemedicine in their clinical work within the last year. Primary care PAs (76.1%) were the most likely to report using telehealth or telemedicine, followed by PAs in internal medicine (52.6%) and those in other specialties (48.1%). Only a quarter of PAs in pediatric subspecialties (24.3%) reported using telehealth or telemedicine, while over a third of PAs in surgical subspecialities (37.3%) incorporated telehealth services into their practice over the last year. PAs in emergency medicine had the lowest utilization of telehealth services (7.5%). These trends reflect a continued decline in the overall use of telehealth by PAs between 2021 and 2023 (61.4% versus 47.5%). However, the use of telehealth is still more prevalent among PAs than it was before the COVID-19 pandemic. In 2019, only 9.6% of PAs used telehealth. For more information on PAs utilization of telehealth, refer to Figure 8.

Telehealth usage continues to decline from 2021 to 2023: 61.4% to 47.5%

FIGURE 8. Utilization of Telehealth by Specialty

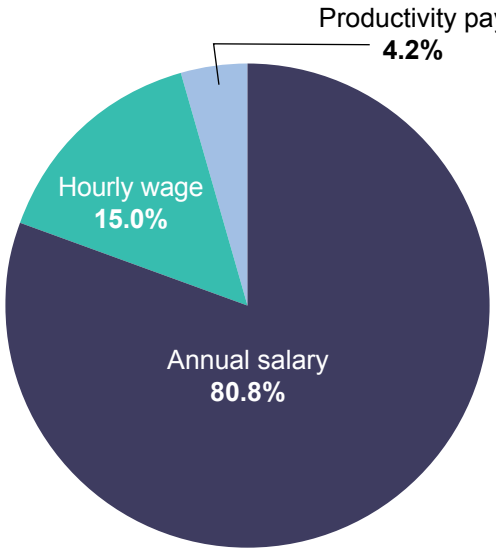


Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey.

PA Compensation Varies by Multiple Factors

In 2023, four in five full-time PAs (80.8%) reported that they were paid an annual base salary; 15.0% received an hourly wage, while 4.2% were paid based on productivity, either entirely or in combination with a guaranteed minimum base compensation (Figure 9). The median annual base salary was $125,000, reflecting an increase from $119,000 in 2022. The median hourly wage was $70, up from $65.88 in 2022. Median productivity-based compensation was $201,000, also up from $180,000 in 2022. Overall, the total median compensation across all earning types was $127,000 (with annualized hourly wages), a 5.8% increase from $120,000 in 2022. Among full-time PAs, more than half (54.9%, up from 52.4% in 2022) received a bonus, and for those that did, the median bonus was $6,000, about the same as in 2022. The amount a PA is compensated, 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



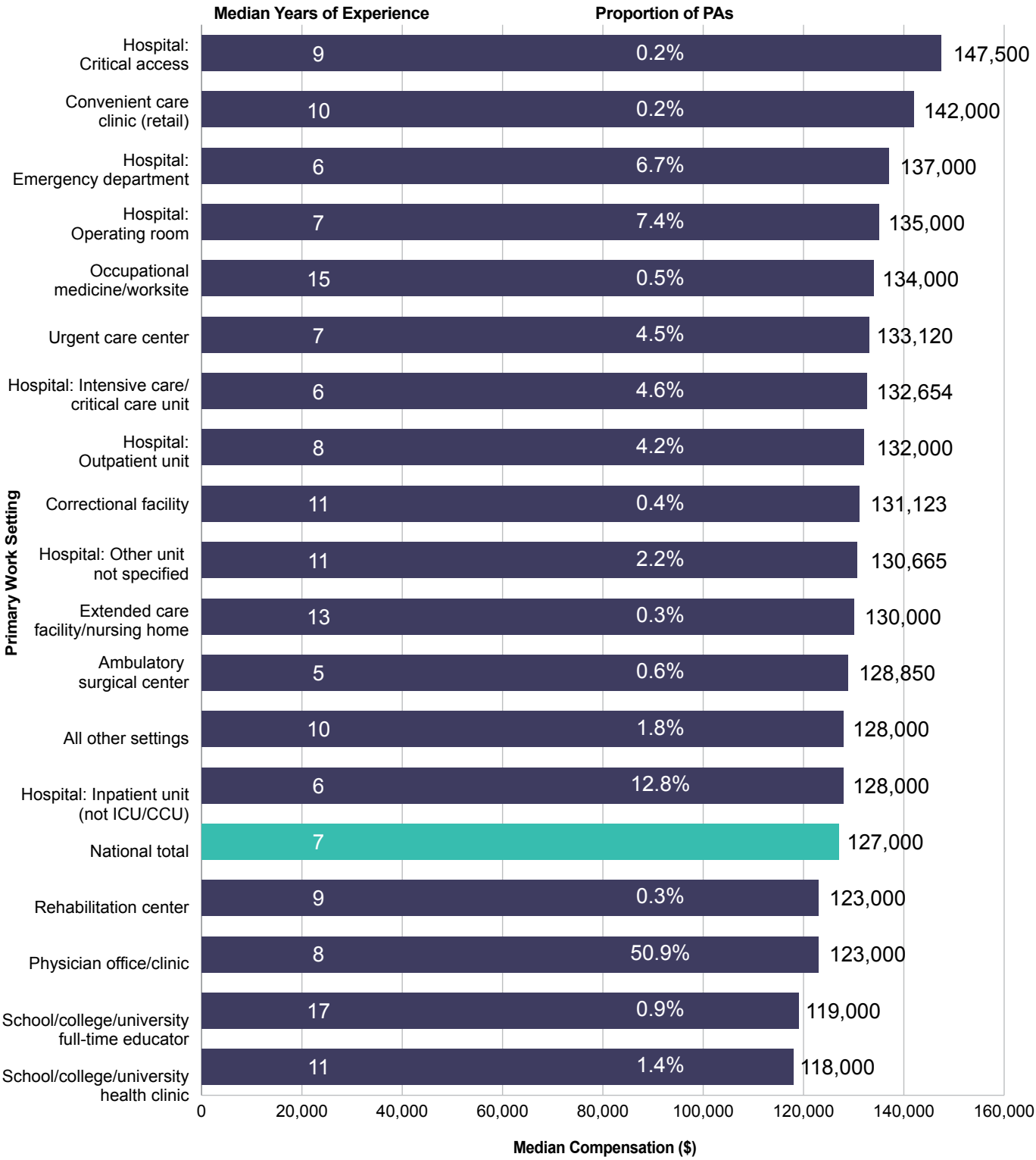
2023 Median PA Compensation
Base salary: $125,000
Hourly wage: $70.00
Productivity pay: $201,000
Profession-wide compensation: $127,000
Annual bonus: $6,000

Note: The data reflect PAs who worked 32 hours or more per week in 2023.

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 $131,783, up from $122,000 in 2022. However, compensation can vary between work settings, even within a hospital. For more information, see Compensation for PAs in Hospitals.

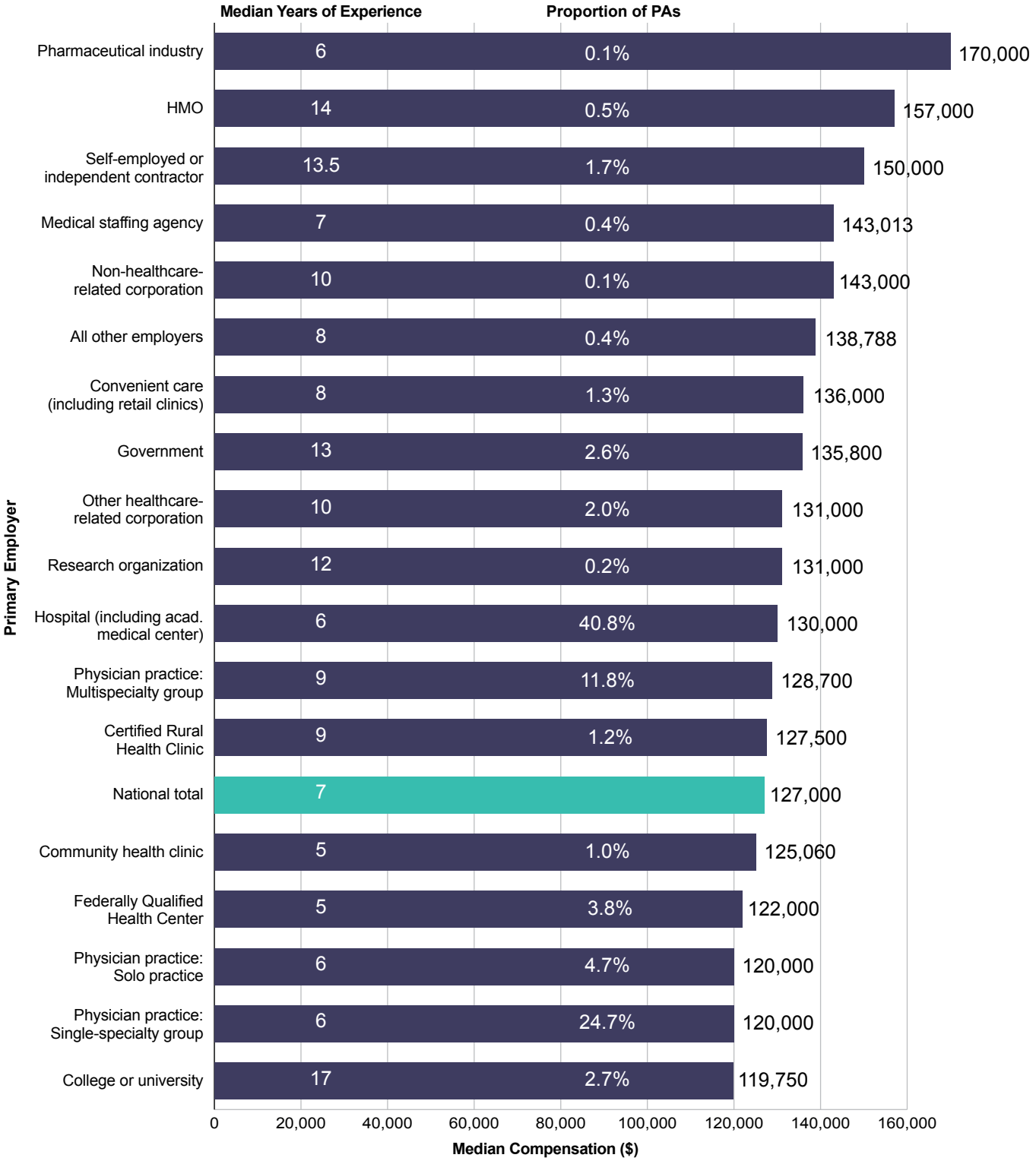
PAs in school/college/university health clinics ($118,000), physician offices/clinics ($123,000), and rehabilitation centers ($123,000) reported the lowest median compensation. PAs in critical access hospitals ($147,000), convenient care/retail clinics ($142,000), and hospital emergency departments ($137,000) 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 2024 AAPA Salary Survey.

FIGURE 11. Median Compensation From Primary Employer by Employer Type

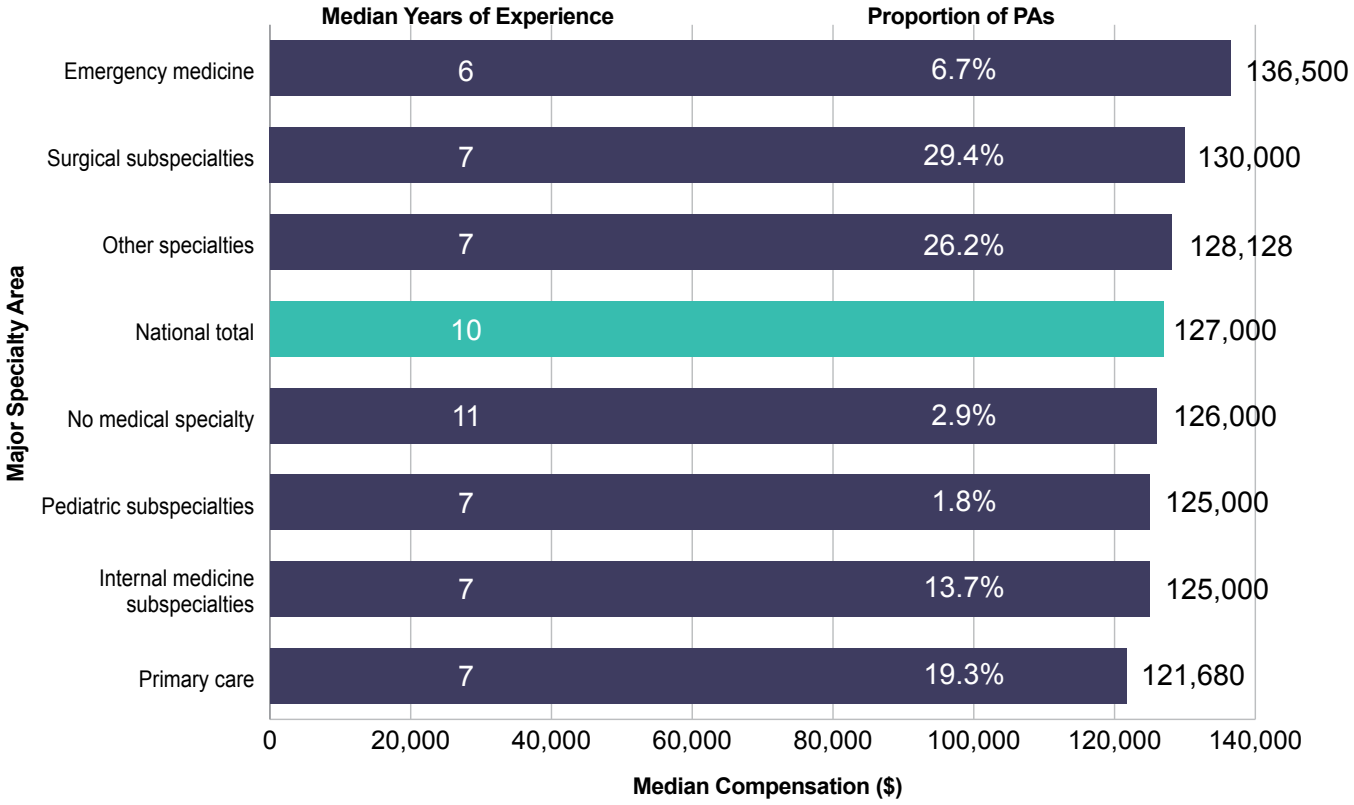


Note: Percentages inside bars indicate the percentage of PAs who report that employer type as their primary employer type. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2024 AAPA Salary Survey.

PAs whose employer is a college or university ($119,750), physician practice (single-specialty group, $120,000), or a physician practice (solo practice, $120,000) reported the lowest median compensation. These PAs comprised 32.1% of respondents. PAs who were self-employed or independent contractors during 2023 ($150,000), employed by an HMO ($157,000) or employed in the pharmaceutical industry ($170,000) reported the highest median compensation (Figure 11). These PAs comprised 2.3% of respondents to the survey. Moreover, the median years of experience for two of these groups – PAs who were self-employed or employed by an HMO – was above the national median of seven 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 ($136,500; 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 ($121,680). See Tables 10 and 11 of the Salary Report for more information.

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



Note: Percentages inside bars indicate the percentage of PAs who report a primary specialty within that major specialty area. The percentages and median years of experience may slightly differ from the profession-wide percentage as they reflect full-time PAs who provided their compensation in the 2024 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 2023, the median PA salary in the United States was approximately $127,000, and the median hourly wage was $70.00. 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, Alaska, and Hawaii have the top three base salaries, and Alaska, California, and Vermont 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 Mississippi, Oklahoma, and Texas (Figure 14). The top three for hourly wage are Oklahoma, Alaska, and Missouri (Figure 16). Apart from Alaska, these states have a cost of living lower than the national average. This 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

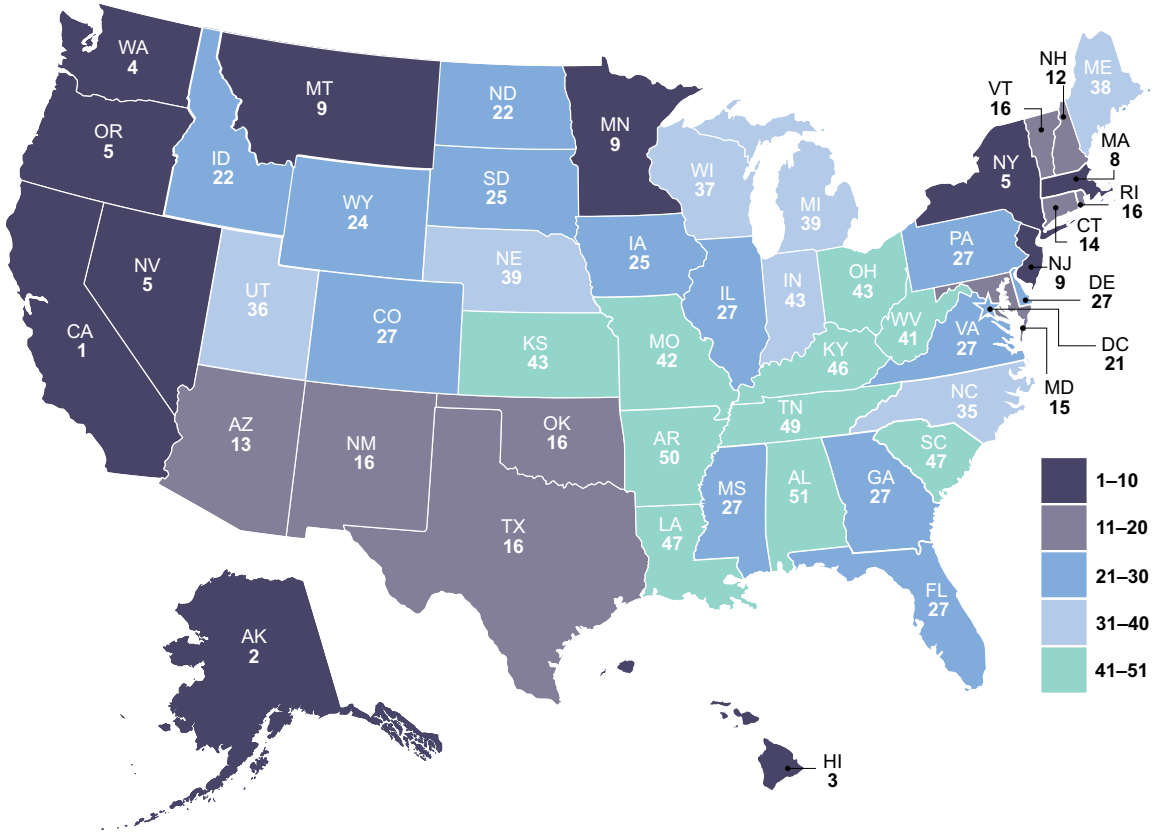


FIGURE 14. Cost-of-Living Adjusted Salary by State Rankings

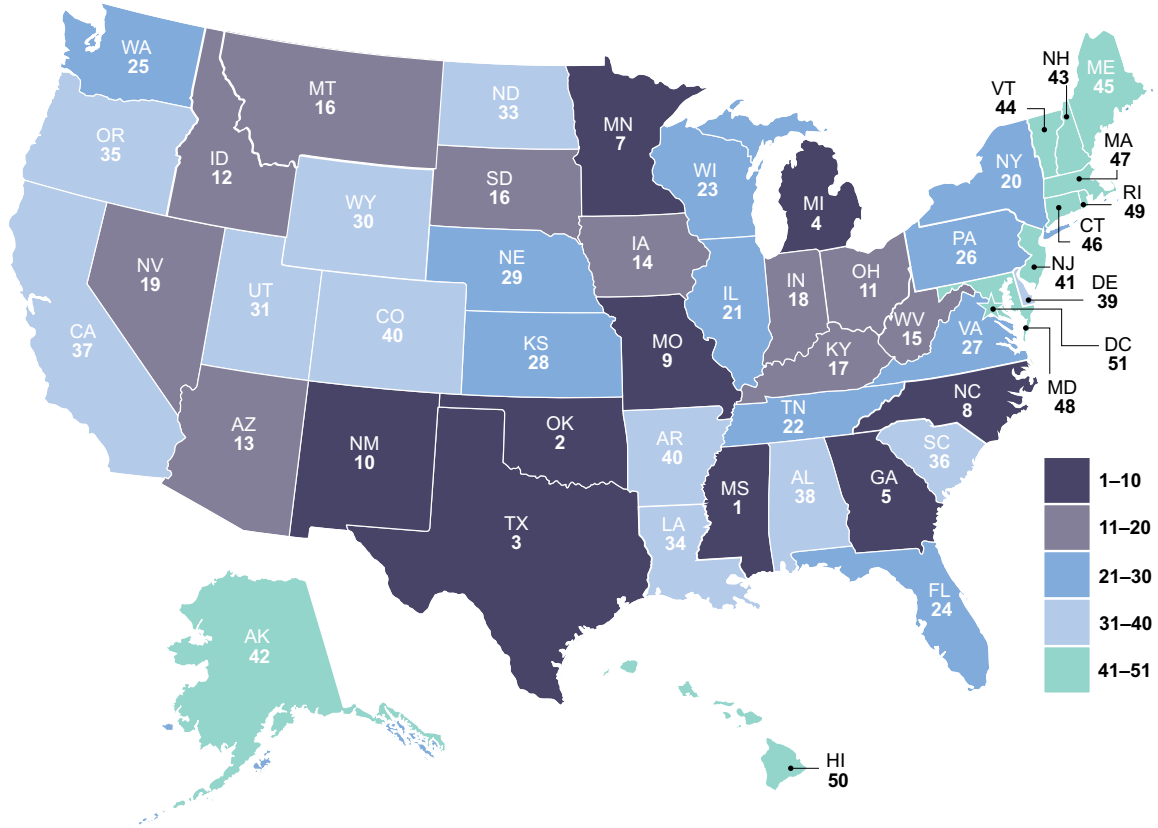


CHART 1. Actual and Cost-of-Living Adjusted Median Base Salary and Rankings by State

STATE	MEDIAN BASE SALARY ($)	BASE SALARY STATE RANKING	COST-OF-LIVING ADJUSTED BASE SALARY ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	103,000	51	118,782	38
Alaska	141,000	2	114,729	42
Arizona	127,000	13	133,028	13
Arkansas	104,475	50	123,791	32
California	150,000	1	119,342	37
Colorado	120,000	27	115,957	40
Connecticut	126,500	14	107,301	46
Delaware	120,000	27	117,206	39
District of Columbia	124,225	21	83,587	51
Florida	120,000	27	127,116	24
Georgia	120,000	27	137,974	5
Hawaii	140,000	3	100,454	50
Idaho	124,000	22	133,424	12
Illinois	120,000	27	129,014	21
Indiana	115,000	43	129,211	18
Iowa	121,000	25	132,882	14
Kansas	115,000	43	125,703	28
Kentucky	111,500	46	129,477	17
Louisiana	111,000	47	122,465	34
Maine	118,114	38	108,430	45
Maryland	126,000	15	106,790	48
Massachusetts	132,000	8	107,021	47
Michigan	118,000	39	138,944	4
Minnesota	130,000	9	136,222	7
Mississippi	120,000	27	145,575	1
Missouri	115,850	42	137,269	6
Montana	130,000	9	134,281	9
Nebraska	118,000	39	125,496	29
Nevada	135,000	5	129,181	19
New Hampshire	128,064	12	113,310	43
New Jersey	130,000	9	115,000	41
New Mexico	125,000	16	133,739	10
New York	135,000	5	129,074	20
North Carolina	120,000	27	135,262	8
North Dakota	124,000	22	123,239	33
Ohio	115,000	43	133,577	11
Oklahoma	125,000	16	143,897	2
Oregon	135,000	5	121,890	35
Pennsylvania	120,000	27	126,145	26
Rhode Island	125,000	16	104,720	49
South Carolina	111,000	47	120,494	36
South Dakota	121,000	25	130,234	16
Tennessee	110,000	49	127,978	22
Texas	125,000	16	138,967	3
Utah	119,875	36	124,436	31
Vermont	125,000	16	110,712	44
Virginia	120,000	27	125,712	27
Washington	135,800	4	126,902	25
West Virginia	117,500	41	132,095	15
Wisconsin	119,250	37	127,743	23
Wyoming	122,500	24	124,916	30
NATIONAL TOTAL	**125,000**			

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

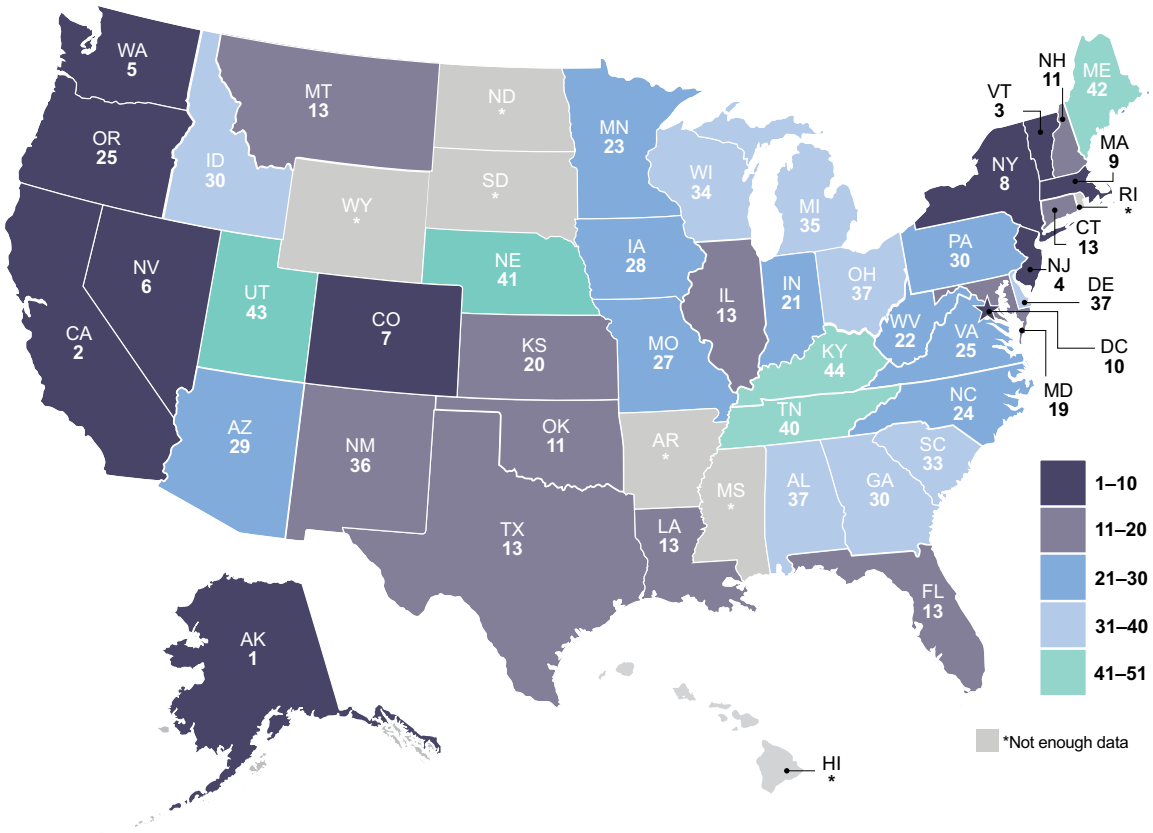


FIGURE 16. Cost-of-Living Adjusted Hourly Wage by State Rankings

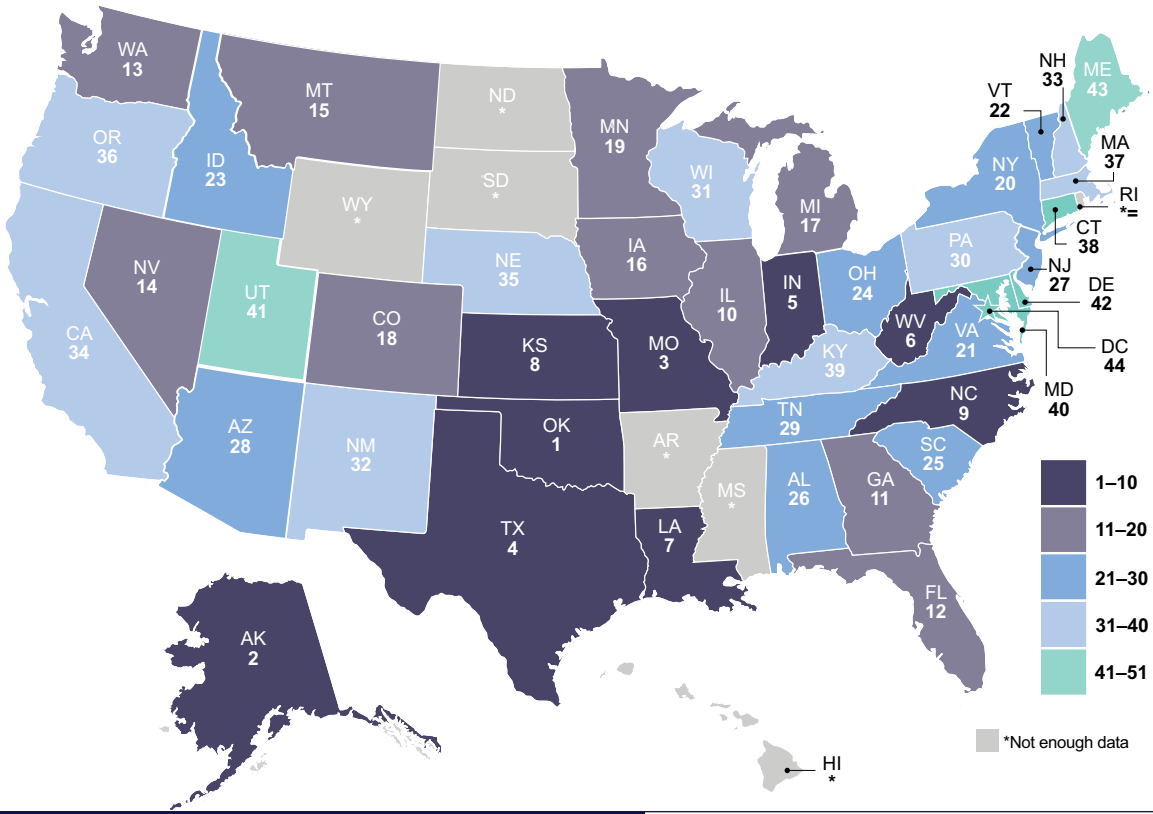


CHART 2. Actual and Cost-of-Living Adjusted Hourly Wages and Rankings by State

STATE	MEDIAN HOURLY WAGE ($)	HOURLY WAGE STATE RANKING	COST-OF-LIVING ADJUSTED HOURLY WAGE ($)	COST-OF-LIVING ADJUSTED STATE RANKING
Alabama	60.00	37	69.19	26
Alaska	100.00	1	81.37	2
Arizona	65.50	29	68.61	28
Arkansas	*	*	*	*
California	80.00	2	63.65	34
Colorado	74.10	7	71.60	18
Connecticut	70.00	13	59.38	38
Delaware	60.00	37	58.60	42
District of Columbia	73.00	10	49.12	44
Florida	70.00	13	74.15	12
Georgia	65.00	30	74.74	11
Hawaii	*	*	*	*
Idaho	65.00	30	69.94	23
Illinois	70.00	13	75.26	10
Indiana	69.25	21	77.81	5
Iowa	65.75	28	72.21	16
Kansas	69.44	20	75.90	8
Kentucky	50.87	44	59.07	39
Louisiana	70.00	13	77.23	7
Maine	57.28	42	52.58	43
Maryland	69.68	19	59.06	40
Massachusetts	73.30	9	59.43	37
Michigan	61.00	35	71.83	17
Minnesota	68.17	23	71.43	19
Mississippi	*	*	*	*
Missouri	66.50	27	78.79	3
Montana	70.00	13	72.31	15
Nebraska	57.77	41	61.44	35
Nevada	76.00	6	72.72	14
New Hampshire	72.00	11	63.70	33
New Jersey	78.00	4	69.00	27
New Mexico	60.50	36	64.73	32
New York	74.00	8	70.75	20
North Carolina	67.25	24	75.80	9
North Dakota	*	*	*	*
Ohio	60.00	37	69.69	24
Oklahoma	72.00	11	82.88	1
Oregon	67.00	25	60.49	36
Pennsylvania	65.00	30	68.33	30
Rhode Island	*	*	*	*
South Carolina	63.78	33	69.24	25
South Dakota	*	*	*	*
Tennessee	58.88	40	68.50	29
Texas	70.00	13	77.82	4
Utah	56.67	43	58.83	41
Vermont	79.03	3	69.99	22
Virginia	67.00	25	70.19	21
Washington	78.00	5	72.89	13
West Virginia	68.98	22	77.54	6
Wisconsin	63.15	34	67.65	31
Wyoming	*	*	*	*
NATIONAL TOTAL	**70.00**			

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. 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.

Compensation for PAs in Hospitals

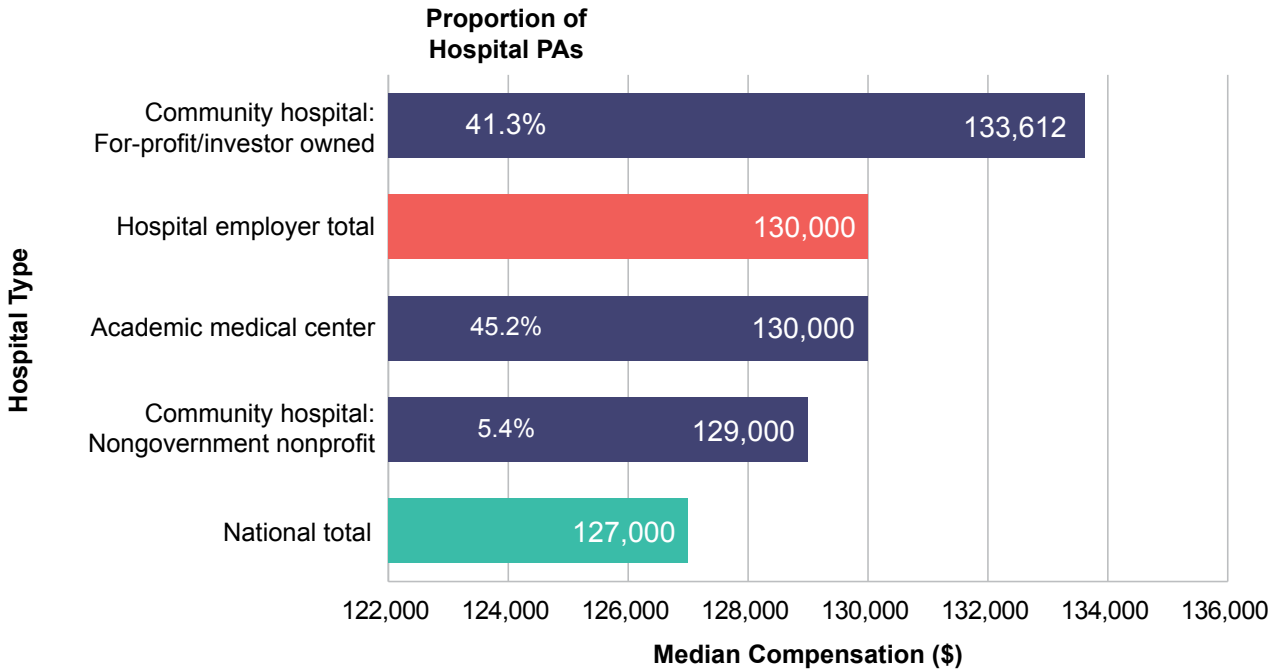
About two in every five PAs (40.8%) are employed by a hospital and over a third of PAs (37.4%) shared that their primary work setting is within a hospital. However, many of the PAs practicing in specialties related to hospitals, like emergency medicine and surgical subspecialties, are often among the highest-compensated survey respondents. In this special feature section of the Summary of National Findings, we take a closer look at compensation for PAs working in these spaces and compare this year's findings to the 2018 AAPA Salary Report.

A lot changed in the subsequent six years, but the most notable difference would be the growth in compensation for PAs. Survey respondents who indicated they were employed by a hospital in the 2024 AAPA Salary Survey had a median compensation of $130,000 in 2023. Comparatively, PAs who were employed by a hospital in 2017 had a median base salary of $107,000. The proportion of PAs whose primary employer was a hospital in 2023 (40.8%) increased slightly compared to the percentage of PAs who were employed by a hospital in 2017 (34.9%). However, the proportion of PAs working in academic medical centers (46.4% vs 45.2%), nonprofit community hospitals (38.8% vs. 41.3%), and for-profit/investor-owned hospitals (6.2% vs. 5.4%) has remained relatively stable over time (Figure 17).

37.4%

Of PAs indicated their primary work setting was within a hospital.

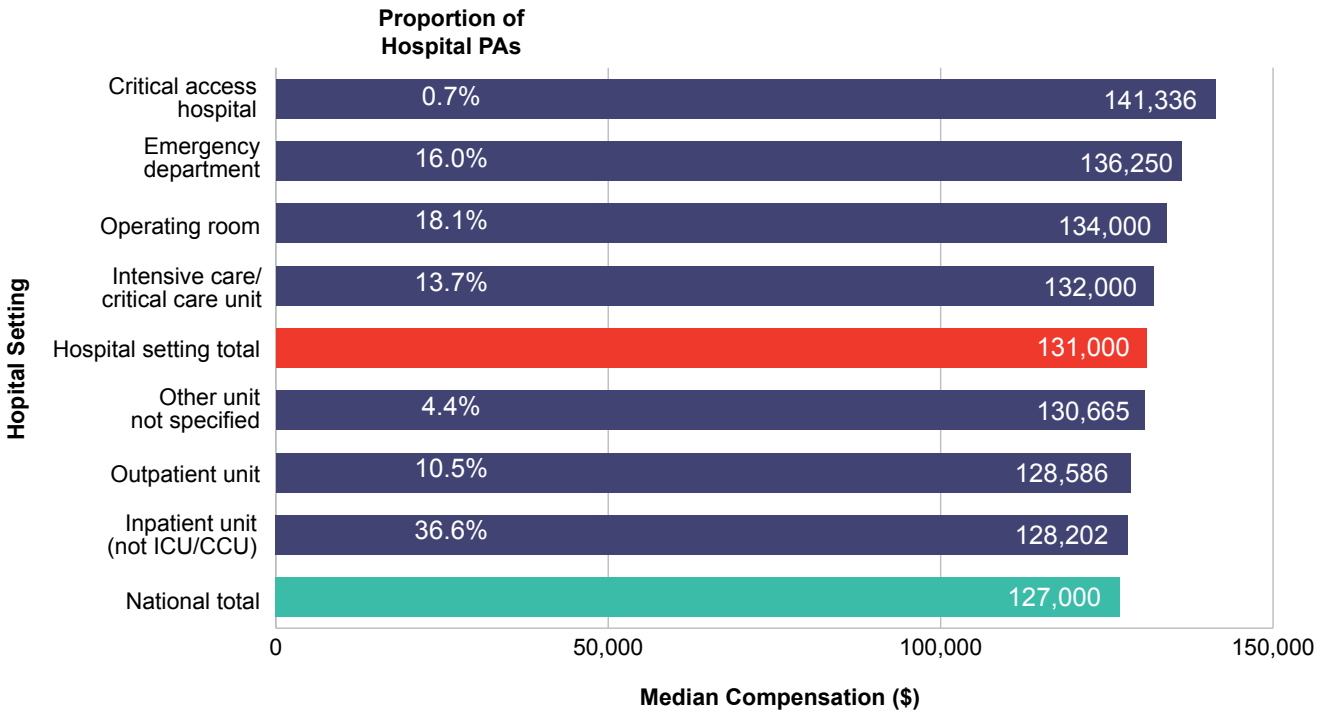
FIGURE 17. PA Compensation by Select Hospital Type



Note: 2024 Salary Report "Median Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay from PAs who worked 32 hours or more per week in 2023. Percentages inside bars indicate the percentage of PAs who report that employer type as their primary employer type. Responses do not add up to 100%, only select hospital types are shown.

Of those who were employed by a hospital and indicated working in a hospital setting in 2023, about one-third (36.6%) were in an inpatient unit, but not the intensive or critical care unit. Approximately one in five (18.1%) hospital-based PAs worked in the operating room while a similar proportion (16.0%) indicated they worked in the emergency department (Figure 18).

FIGURE 18. PA Compensation by Hospital Setting



Note: The data reflect PAs who worked 32 hours or more per week in 2023 and indicated their primary work setting and primary employer was a hospital. "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.

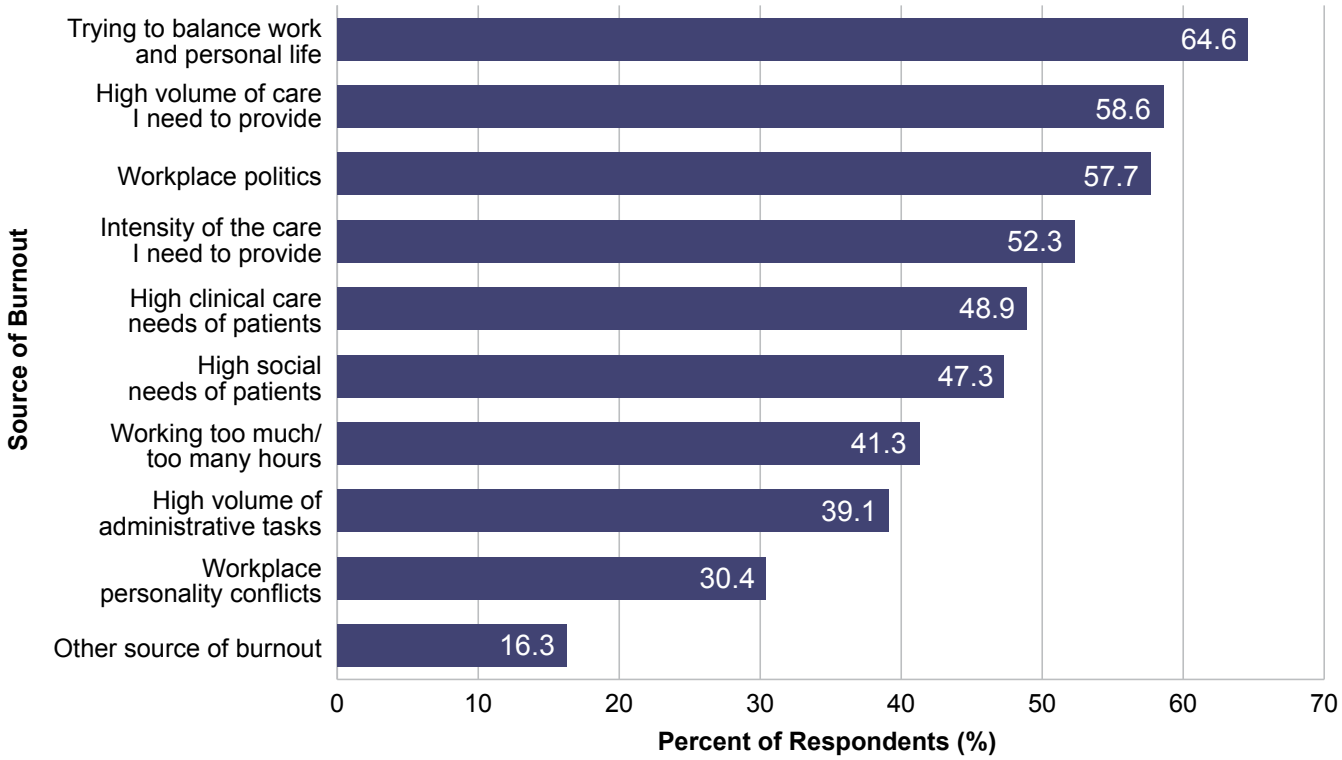
The area of a hospital in which a PA works was also related to their median compensation. Those working at critical access hospitals had the highest median compensation ($141,336) while PAs in impatient units that were not ICUs or CCUs had the lowest ($128,202, Figure 18). However, it is important to note all the median compensation amounts for PAs employed by hospitals and working within their various settings were higher than the national level median compensation ($127,000). If you would like more information on the various specialties working in hospitals, be sure to explore the AAPA Areas of Practice Guide. This resource is available to all PAs and PA students at no charge and provides a wealth of information, links to CME, and career resources for those aiming to select their first specialty or make a career change.

PAs and Professional Fulfillment

Improving healthcare worker well-being is a key area of focus for researchers, professional associations, and health systems across the country. Many articles have put a spotlight on the mental health crisis impacting all areas of the healthcare system, and PAs are not alone in feeling burned out and/or harassed at work. According to the Centers for Disease Control and Prevention (CDC), almost half of all health workers (44%) reported they intended to look for a new job in 2022. While this number is higher than the proportion of PAs who indicated they would retire (4.5%), leave the PA workforce (4.5%), or reduce their hours (22.7%) in the next three years, this number is similar to the percentage of PAs who completed the 2024 AAPA Salary Survey who were experiencing burnout (38.8%). Among these PAs, the primary sources of burnout were trying to balance work and personal life (64.6%), providing care for a high volume of patients (58.6%), and workplace politics (57.7%, Figure 19).

38.8%
of PAs surveyed in the 2024 AAPA Salary Survey were experiencing burnout.

FIGURE 19. Primary Sources of PA Burnout

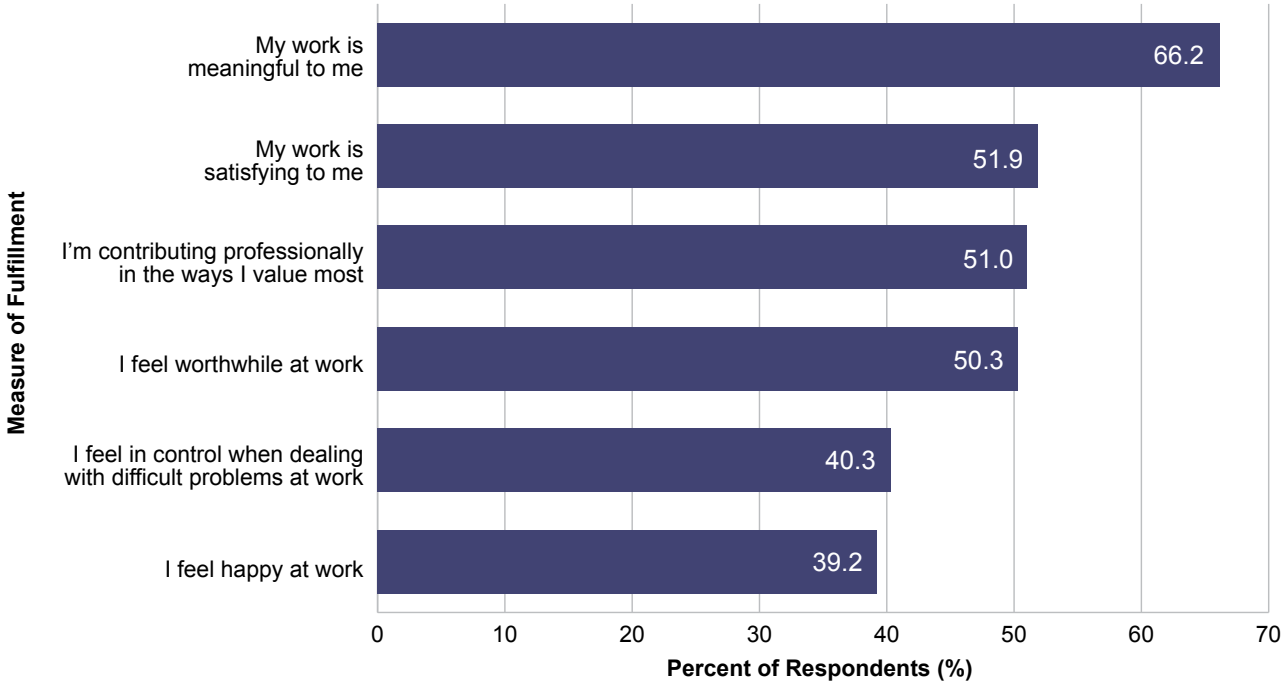


Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey. Respondents were able to select all sources of burnout that applied to their specific situation, totals do not add to 100% and instead reflect the percentage of PAs who reported being burned out and selected the response option.

In response to this mental health crisis in the healthcare workforce, the CDC's National Institute for Occupational Safety and Health (NIOSH) has organized a federal campaign to address healthcare burnout. Within the CDC NIOSH's Impact Wellbeing Guide, there is a series of six steps, such as integrating professional well-being measures into quality improvement projects and developing well-being teams within hospitals that can be implemented to improve professional well-being. The National Academy of Medicine (NAM) also released their National Plan for Health Workforce Well-Being, stressing the importance of measuring burnout and elevating well-being as a long-term workforce value. Within the AAPA Salary Survey, we have monitored this issue for the last nine years to get a sense of national trends regarding PA burnout and professional fulfillment.

Improving well-being and reducing burnout can lead to PAs feeling professionally fulfilled. In this year's Summary of National Findings, we aimed to explore some of the interactions between professional fulfillment and compensation within the PA profession. To better contextualize how we measure professional fulfillment, it is important to explore how PAs responded to the six questions that measure this. Most PAs feel worthwhile at work (50.3%), contend their contributions to the profession are valuable (51.0%), believe their work is satisfying (51.9%), and find their work to be meaningful (66.4%). However, only two in five PAs (39.1%) feel happy at work or believe they are in control when dealing with difficult workplace problems (40.4%; Figure 20).

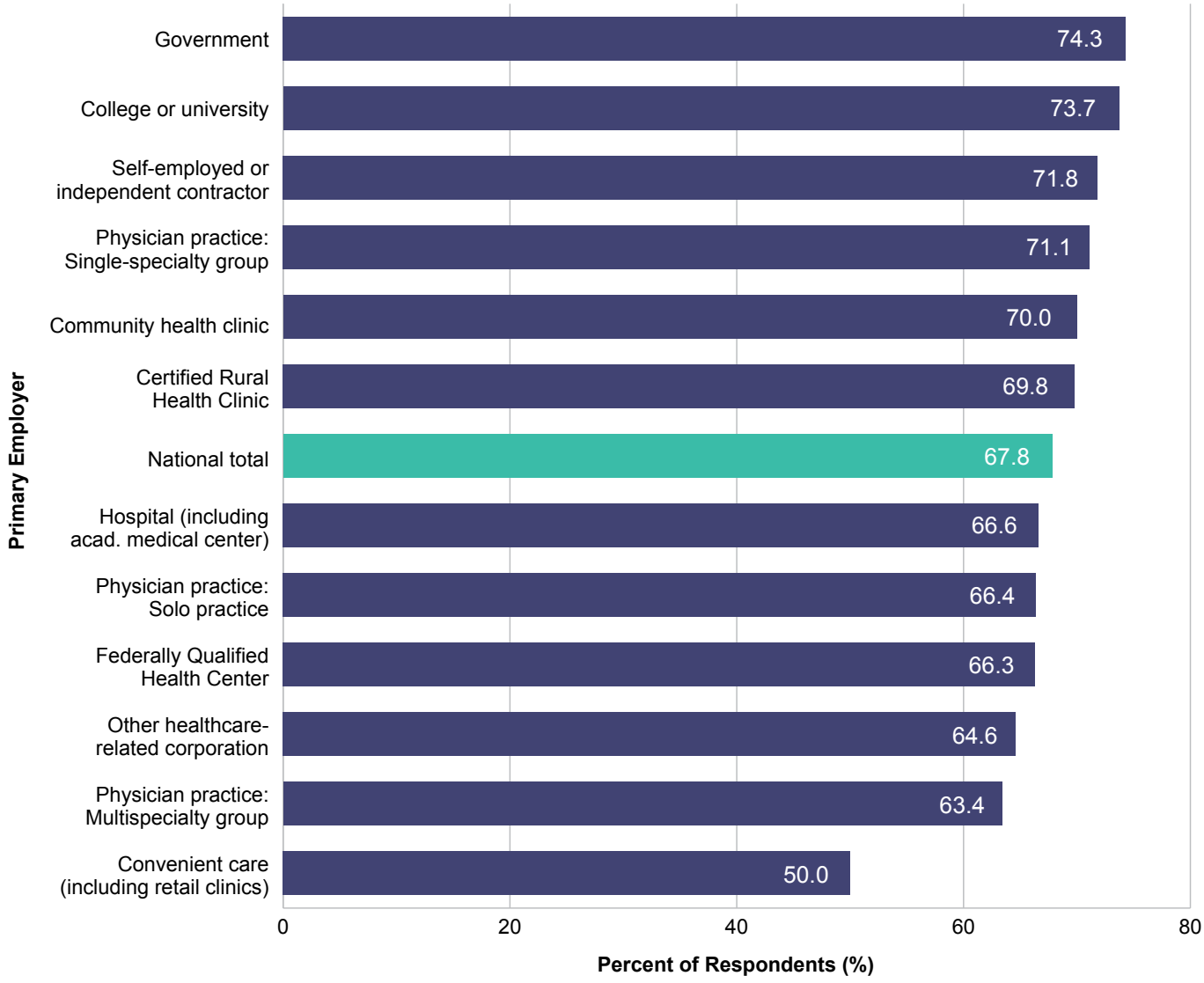
FIGURE 20. Factors of Professional Fulfillment



Note: The data reflect all PAs who responded to the Stanford PFI within the 2024 AAPA Salary Survey. "Percent (%)" reflects the percentage of PAs who indicated the question statement was "very true" or "completely true" when describing their experience over the past two weeks.

A PA's employer can play a large part in how they experience burnout and professional fulfillment. CDC NIOSH and NAM both stress the importance of employer-level initiatives to promote wellbeing within the healthcare workforce. Echoing that point, we saw employer satisfaction vary across the primary employers captured within the 2024 AAPA Salary Survey. PAs employed by the federal government (74.3%), colleges or universities (73.7%), or who were self-employed (71.8%) had the highest levels of employer satisfaction. Generally, about two-thirds (67.8%) of all PAs were either "satisfied" or "extremely satisfied" by their primary employer. However, this proportion was lower for PAs employed by healthcare-related corporations (64.6%), multispecialty physician practices (63.4%), and convenient care/retail clinics (50.0%, Figure 21).

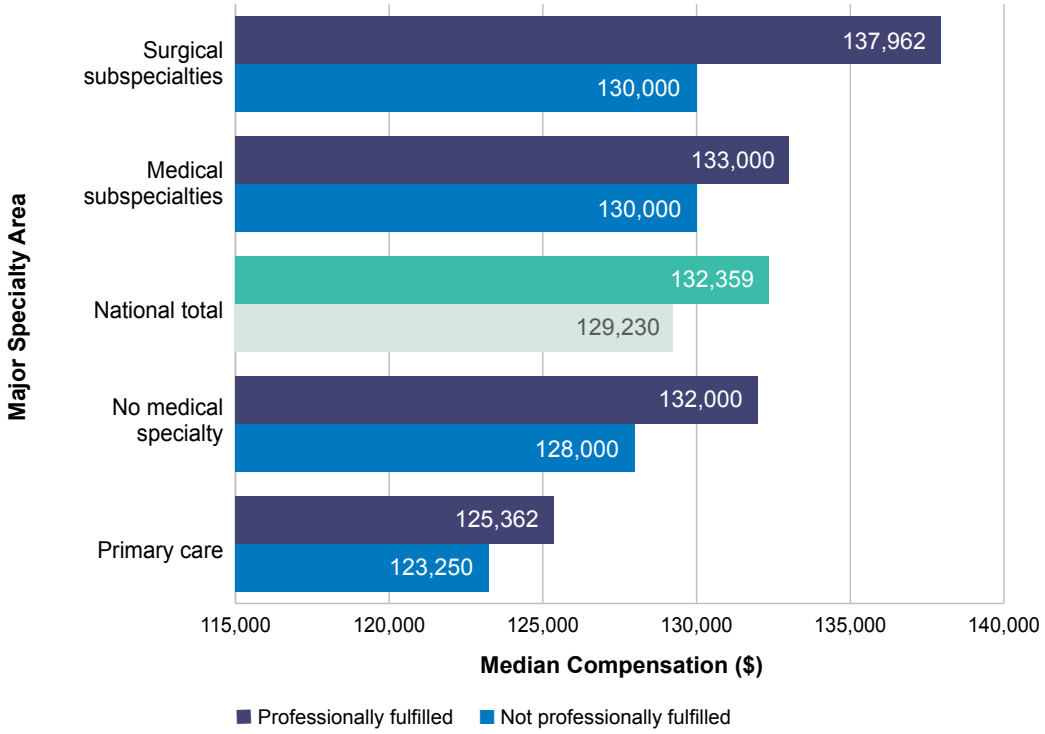
FIGURE 21. PA Employer Satisfaction by Employer Type



Note: The data reflect all PAs who responded to the 2024 AAPA Salary Survey. "Percent of Respondents (%)" reflects the percentage of PAs who indicated they were "satisfied" or "extremely satisfied" by their primary employer. Some employers were not shown due to low response rates.

Compensation also plays a role in feeling professionally fulfilled. When comparing median compensation amounts between the major specialty areas based on whether PAs reported feeling professionally fulfilled, compensation was lower among PAs who were not professionally fulfilled. Almost one in four PAs (22.5%) met the criteria for being "professionally fulfilled" based on their responses to the PFI, but this did vary slightly based on major specialty area. Likewise, the difference between median compensation amounts for PAs based on their level of professional fulfillment also varied between the major specialty groups. Generally, the median professionally fulfilled PA earned more than the median PA who did not meet the criteria (Figure 22); however, these compensation amounts can vary greatly based on factors not presented within this figure, such as years of experience, work setting, and state.

FIGURE 22. PA Compensation, by Professional Fulfillment Status



Note: The data reflect PAs who worked 32 hours or more per week in 2023. "Compensation" includes all compensation types: base salary, annualized hourly wage, and productivity pay. Percentages inside bars indicate the percentage of PAs who were considered professionally fulfilled based on PFI scoring criteria.

More research is needed to better understand the interaction between compensation and professional fulfillment. Does earning more lead PAs to feeling professionally fulfilled? Or do other workplace and employer-level factors play a larger influence? What is clear, however, is the importance of institutional-level interventions designed to mitigate burnout and improve wellbeing among members of the healthcare workforce. While many PAs found their work to be rewarding, factors in the work environment may still impact wellbeing.

As we continue to explore issues impacting the PA workforce, the data within the remainder of the 2024 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. Because we understand the value PAs, PA students, and employers place on having access to customized salary data, we update the DSR as early in the year as possible. The PDF report is published several months after new data is available in the digital report because it contains additional data analysis on specific topics of interest. Once the PDF is published, that information is also added to the digital report.

Individuals who purchase access to the Digital Salary Report (DSR) can use the online service from their date of purchase until the release of the next data year. Anyone who purchases access to the DSR is also

able to access the AAPA Salary Report for the related data year as soon as the report is available. Purchased Salary Reports can be viewed at aapa.org/shop.

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 do other organizations report salary and hourly wages that are different from 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?

The Digital Salary Report (DSR) has features that let members compare compensation data from multiple data 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.

Past versions of the Salary Report PDF can be accessed by members, or purchased by nonmembers, at aapa.org/shop.