Workforce Solutions for North Central Pennsylvania/ North Central Workforce Development Board
Request for Quotes

Regional Emergency Medical Services (EMS) Workforce Study

Workforce Solutions for North Central Pennsylvania (North Central Workforce Development Board), referred to as *Workforce Solutions* throughout this document, is seeking quotes from qualified consultants or firms to conduct a **Regional Emergency Medical Services (EMS) Workforce Study** that addresses workforce sustainability, recruitment, retention, and operational challenges across the region.

RFQ Release Date – **November 22, 2025**

All submissions must be received electronically in PDF format by 3:00 PM (EST) on **Friday, January 9, 2026.** Questions regarding this RFQ will be accepted until 12:00 pm **Tuesday, December 2, 2025** and should be directed to Donna Hottel via email at dhottel@ncwdb.org. Responses to all questions will be compiled and sent to all parties that submitted inquiries to this RFQ by 4:00 pm on **Friday, December 5, 2025**.

Quotes should be submitted to dhottel@ncwdb.org with "RFQ Submission – Regional EMS Workforce Study" in the subject line.

Bidders must follow exactly, and be responsive to ALL requirements of this RFQ. It is the bidders' responsibility to provide all specified materials in the required form and format contained in this request for quote.

Workforce Solutions invites quotes from qualified organizations or consultants with demonstrated experience in workforce development analysis, emergency services planning, or public safety systems evaluation.

SUMMARY

Workforce Solutions for North Central Pennsylvania (North Central Workforce Development Board), referred to as Workforce Solutions throughout the remainder of this document, is seeking quotes from a qualified organization/consultant to: 1) Assess the EMS systems of each local municipality in the region, 2) Provide recommendation of models that support paid staffing, while preserving volunteer engagement, leadership development and succession planning.

The goal of this RFQ is to procure a workforce study that will provide actionable strategies and recommendations addressing the following areas of interest:

1. Workforce Recruitment and Retention Analysis
2. Training and Certification Pathways
3. Staffing, Coverage, and Deployment Models
4. Compensation, Funding, and Sustainability
5. Volunteer and Combination Agency Support Strategies
6. Regional Collaboration Frameworks
7. Public Awareness and Community Support
8. System Flow, Dispatch Impact, and Hospital Interface

The anticipated contracting period will be from approximately **January 19, 2026 through June 30, 2026.**
Bidders must follow exactly, and be responsive to ALL requirements of this RFQ. It is the bidders' responsibility to provide all specified materials in the required form and format.

Workforce Solutions encourages proposals that address all eight (8) of the above areas of interest.

BACKGROUND

Workforce Solutions oversees the workforce system in Pennsylvania's North Central region, which includes the counties of Cameron, Clearfield, Elk, Jefferson, McKean, and Potter. Workforce Solutions provides staff to the North Central Workforce Development Board and leads workforce initiatives in alignment with its mission:

Workforce Solutions serves as the premier facilitator of an innovative workforce development system that meets the changing human capital needs of our employers and provides resources for our job seekers that maximize their career potential and focus on the customer's needs.

Additional information regarding the organization can be found on our webpage – https://workforcesolutionspa.com.

PURPOSE

Emergency Medical Services (EMS) providers in the four-county region of Cameron, Elk, McKean, and Potter are facing significant workforce and sustainability challenges. Declining volunteerism, recruitment difficulties, aging personnel, and funding constraints threaten coverage reliability and emergency response times.

To address these issues, the four-county partnership seeks a qualified consultant or firm to conduct a Regional EMS Workforce Study. The study will assess current resources, identify barriers, and recommend actionable strategies to stabilize and strengthen the EMS workforce—both paid and volunteer—across the region.

Municipalities in Pennsylvania are legally responsible for ensuring that EMS services are available to residents within their boundaries. State law provides municipalities discretion in how services are funded, structured, and delivered, including reliance on volunteer agencies, paid personnel, and mutual aid agreements. This study should examine how municipalities are fulfilling these obligations, identify gaps, and provide recommendations that are compliant with applicable law, support workforce sustainability, and maintain service quality. The study should evaluate how municipal responsibilities intersect with workforce challenges, funding models, and service delivery capacity.

In addition to assessing workforce and funding models, the selected consultant/firm must also incorporate the operational realities and regional issues raised by local EMS leadership. Based on input from EMS partners, the study should address the following cross-county concerns:

<u>Workforce & Training:</u>

- Aging volunteer base and the risk of losing experienced responders; assess potential impacts if this "safety net" collapses.
- Alignment of training, licensure, and certification requirements; examine differences between state and national standards and how they affect staffing and readiness.

<u>Operations & System Flow</u>:

- Variations in ambulance licensing requirements, including legacy rules that may no longer reflect operational needs.
- 911 dispatch handling of non-emergency/low-priority calls; evaluate nurse triage or call-holding systems for efficiency and cost savings.
- Collaboration between EMS, municipal, and healthcare systems; identify communication breakdowns and inefficiencies.
- Impact of transportation barriers (e.g., ATA, Health Rides) and healthcare facility closures on EMS response times and workforce strain.

Funding & Legal Considerations:

- Municipal financial and legal responsibilities when shifting from volunteer to paid or combination staffing models (taxes, insurance, liability).
- Opportunities to modernize state grant programs for stipends, performance incentives, or cost recovery for lift assists/QRS calls.

This study should take a holistic approach, recognizing that EMS sustainability is influenced not only by workforce shortages, but also by regulation, dispatch practices, healthcare partnerships, and local fiscal realities.

The selected consultant/firm will work directly with the directors or heads of EMS services in Cameron, Elk, McKean, and Potter counties to gather operational, workforce, and policy information, ensuring recommendations are informed by local leadership perspectives.

The primary focus of this study is on the four-county region of Cameron, Elk, McKean, and Potter. However, Clearfield and Jefferson counties may have different EMS workforce conditions and service delivery needs. Therefore, a separate, survey-based analysis of Clearfield and Jefferson county EMS services should be included to determine whether their challenges align with or differ from those identified by the prioritized four counties and to note any unique factors that warrant distinct recommendations.

The selected consultant/firm should demonstrate experience in emergency services, workforce development, and rural systems planning, and deliver an analysis that:

- Addresses all areas of interest outlined in this RFQ; and
- Recommends models that support paid staffing, while preserving volunteer engagement, leadership development, and succession planning, within the legal and policy framework of Pennsylvania municipalities.

SCOPE OF WORK/ RESPONSE FORMAT (MINIMUM REQUIREMENTS)

For ease and efficiency of review, Workforce Solutions has specified the numbering protocol for bidders. Please follow this numbering protocol exactly, and do not re-number, insert numbers, or otherwise modify the sequence.

Page Limits: To ensure clarity and conciseness, respondents should adhere to the following page guidelines:

- Organizational Profile & Qualifications: 3–5 pages
- Understanding of Project & Work Plan: 8–12 pages
- Deliverables & Timeline: 2–3 pages
- Cost Proposal & Budget Narrative: 2–3 pages
- Appendices (References, Staff Resumes, Supporting Data): up to 5 pages

Total recommended length: approximately 20–25 pages. Responses exceeding these limits may be considered less favorable in evaluation.

Profile:

1. Name of the business, contact person, and contact information (address, phone, email, and website). Include a brief statement demonstrating understanding of EMS workforce challenges, such as:
    - Training quality and certification alignment
    - Municipal funding and legal responsibilities
    - System design and dispatch processes
    - Handling non-emergency calls and coordination among EMS, healthcare, and dispatch

2. Bidders should clearly demonstrate organizational stability and capacity to complete a workforce analysis of the EMS system (Past experience of closely related area).
3. Proof of insurance.

A. Qualifications:

1. Description of your firm, including areas of expertise and experience in addressing workforce studies and recommended solutions.
2. Special consideration: Describe your experience with EMS system (staffing, training, payment structures); include examples of relevant work with other organizations.
3. Include names, credentials and experience of staff proposed to do this study.
4. References – include at least three (3) client references with contact information, project description and outcomes.

B. Understanding of Project and Objectives:

1. Summarize your understanding of EMS workforce issues, regional challenges, and study goals.
2. **Work Plan** Respondents must follow the structure and numbering system below. Responses should be concise yet comprehensive. (the organization/consultant will complete a comprehensive analysis addressing the following workforce objectives and answer the key research questions found in **Attachment A**):

a. Data Collection and Stakeholder Engagement

- Gather and incorporate regional feedback from Cameron, Elk, McKean, and Potter EMS leadership and municipal officials regarding local workforce, funding, and operational challenges identified in prior coordination meetings.
- Conduct structured interviews, meetings, or workshops with the heads of EMS services in each of the four counties to gather insights on staffing, coverage, funding, volunteer engagement, and operational challenges.
- Coordinate regularly with EMS leadership to validate findings and ensure recommendations are feasible and aligned with local priorities.
- Gather input from other regional stakeholders including municipal officials, hospital representatives, dispatch centers, and community partners.

b. Workforce Recruitment and Retention Analysis

- Identify primary barriers to recruiting and retaining EMTs and paramedics in both career and volunteer agencies.
- Evaluate turnover trends and workforce demographics to forecast future staffing risks. Recommend strategies such as tuition assistance, stipends, housing/childcare supports, and other incentive-based workforce models.
- Maps, charts, or visual summaries illustrating service coverage, workforce distribution, or response time trends are encouraged.
- Evaluate regional adult EMS student (age 30+) training and certification pass rates compared to the National Registry Test pass rates, identifying disparities and barriers to success.
- Analyze workforce composition to project the impact of declining volunteer participation on system readiness and community coverage.

c. Training and Certification Pathways

- Assess accessibility, affordability, and availability of EMT and paramedic training programs within and near the region.
- Identify opportunities for partnerships with schools, postsecondary institutions, and Workforce Solutions to “grow our own” EMS professionals.
- Recommend mentorship, apprenticeship, or accelerated pathways for training.
- Examine state vs. national certification requirements and their workforce implications.
- Assess how EMS instructors are maintaining compliance with annual training updates and curriculum changes**,** and identify needs for ongoing instructor development.
- Recommend approaches for regional consistency in protocol updates, instructor training, and education delivery.

d. Staffing, Coverage, and Deployment Models

- Evaluate how workforce shortages impact response times, coverage reliability, and after-hours capacity.
- Assess municipal EMS governance structures, including funding mechanisms, volunteer support programs, mutual aid agreements, and designation of primary providers.
- Analyze whether municipal/*agency* policies align with Pennsylvania EMS statutes and regulations and how these policies influence workforce sustainability.
- Explore regionalized staffing, shared personnel pools, and county-supported float positions.
- Recommend placement pathways for newly trained personnel while ensuring compliance with municipal/**agency** obligations and legal constraints.
- Compare current county EMS provider rosters to the number of individuals actively serving in field operations**,** to identify staffing gaps.
- Evaluate the impact of secondary or legacy ambulance licensing requirements and whether these contribute to inefficiencies or unfunded mandates.
  • Examine response patterns today vs. projected future needs**,** using data to show where system redesign or resource realignment may be needed.

e. Compensation, Funding, and Sustainability

- Compare compensation, benefits, and incentive structures across the region and neighboring counties.
- Identify sustainable funding sources to support workforce investments (e.g., grants, partnerships, public-private models).
- Analyze municipal and county-level funding mechanisms, including millage, per capita, and fee-based models, to determine feasible options for sustainable EMS funding.
- Explore potential **for** state-class county EMS allocations or shared funding formulas.
- Evaluate how changes from volunteer to combination or paid departments affect taxation, insurance, and workers' compensation liabilities**.**
- Assess feasibility of allowing stipends and performance-based funding under existing Fire and EMS grant programs.
- Consider opportunities for cost recovery for lift assists, QRS calls, or other low-acuity services.

f. Volunteer and Combination Agency Support Strategies

- Examine unique workforce pressures facing volunteer and combination departments.
- Recommend models that balance paid staffing with volunteer engagement and leadership development.
- Assess how volunteer agencies can remain operational under evolving workforce and funding models, and what legislative or regional support could aid their transition to hybrid structures.

g. Regional Collaboration Frameworks

- Recommend governance or coordination structures that preserve local agency identity and ensure compliance with Pennsylvania EMS law.
- Address questions such as:
  - How many ambulance services are needed in each county? (staffed ambulance units and location)
  - What balance of ALS (Advanced Life Support) vs. BLS (Basic Life Support) services is appropriate?
  - How do municipal/agency policies and funding impact workforce deployment and regional coordination?
- Evaluate communication among EMS, 911 centers, and hospitals, identifying opportunities for a regional coordination model that aligns triage, dispatch, and resource allocation.
- Review dispatch protocols for non-emergency call redirection or nurse triage systems, including cost savings projections per county or agency.
- Identify how mutual aid agreements are functioning and where failures to respond are creating systemic risk.

h. Public Awareness and Community Support

- Assess public perception of EMS careers and identify outreach methods to strengthen recruitment.
- Recommend communication and messaging strategies to raise awareness of EMS workforce challenges.

- Include public education considerations regarding system capacity, coverage limitations, and realistic expectations for EMS response times, particularly as volunteer participation declines.

i. System Flow, Dispatch Impact, and Hospital Interface

- Analyze the impact of workforce shortages on 911 dispatch operations, hospital turnaround times, and mutual aid.
- Recommend coordination strategies between EMS, dispatch centers, and hospitals to improve efficiency and reduce staff burnout.
- Map and analyze non-emergency call volumes to estimate the potential impact of nurse triage, telehealth, or deferred transport protocols.
- Identify hospital-related factors (closures, offload delays, long-distance transports) that contribute to extended EMS engagement times and workforce fatigue.

C. Deliverables: (the organization/consultant shall provide a brief outline of the below)

1. Project Work Plan and Timeline (within two weeks of contract award)
2. Data Collection and Stakeholder Engagement Summary (including engagement with EMS leadership)
3. Draft Report outlining findings, analysis, and recommendations
   a. Include a data visualization dashboard summarizing adult pass rates, staffing levels, provider-to-population ratios, non-emergency call trends, and projected workforce needs.
   b. Provide a prioritization matrix ranking regional findings by urgency and impact, with specific recommendations for local, regional, and legislative action.
   c. Incorporate relevant findings from prior EMS workforce studies and regional data provided by Workforce Solutions, highlighting new insights and recommendations. Consultants should build on existing knowledge and avoid unnecessary duplication of previous work. See Attachment B
4. Include a section summarizing municipal responsibilities and legal requirements under PA EMS law, and discuss implications for workforce planning, coverage and sustainability
5. Final Comprehensive Report (including an executive summary and presentation slides suitable for public or policymaker dissemination)
6. Present key findings to county commissioners, EMS leadership, and regional partners in at least one in-person or virtual meeting.

Deliverables should explicitly document interaction with EMS service heads and highlight how leadership input informed recommendations.

D. Cost:

Bidders should provide a detailed cost proposal that accounts for the full scope of work, including time and resources required to engage directly with the heads of EMS services. Cost proposals should include:

1. **Labor Costs**
   - Estimated hours for project management, research, analysis, and report preparation.
   - Separate hours allocated for stakeholder engagement meetings with EMS leadership, including preparation and follow-up.
2. **Travel Costs**
   - Travel expenses for in-person meetings with EMS service heads across the four counties.
   - Mileage, lodging, meals, and other reasonable travel-related expenses (if applicable).
3. **Materials and Supplies**
   - Any printing, data collection tools, or presentation materials required for stakeholder engagement and reporting.
4. **Other Expenses**
   - Any additional costs directly related to engagement with EMS leadership, data collection, or report dissemination.
5. **Budget Narrative**

- Justification for all costs, including explanation of hours, rates, and expenses associated with EMS leadership engagement.
- Total not-to-exceed budget for the project: **$40,000**
- Proposals that exceed the budget ceiling may be considered if clearly justified and necessary to meet the study's objectives. Bidders should provide cost-effective approaches while ensuring adequate time and resources for stakeholder engagement and data integration.

Bidders are encouraged to provide cost-effective approaches while ensuring adequate time and resources are allocated for meaningful collaboration with EMS service heads.

E. Why should we choose you:

1. What sets you apart from other organizations/consultants that may be bidding on this Study.

TIMELINE

Milestone	Target Date
RFQ Released	November 22, 2025
Questions Due	December 2, 2025
Quotes Due	January 9, 2026
Selection Announced	January 23, 2026
Contract Executed	January 26, 2026
Draft Report Due	June 1, 2026
Final Report Due	June 30, 2026

EVALUATION CRITERIA

CRITERIA	POINTS	Evaluation Details
Organizational Profile	10	Assessed for clarity, completeness, and evidence of organizational capacity to conduct workforce research and analysis.
Qualifications/Past Performance/References	20	Assessed for relevance of expertise, prior experience with EMS workforce studies, understanding of municipal responsibilities and legal obligations, and knowledge of workforce development/public service settings. Includes staff qualifications, demonstrated success in similar EMS or public safety engagements, and quality of references. Special consideration for direct EMS/EMS study experience.
Work Plan	40	Clarity and comprehensiveness, including understanding of EMS workforce issues, regional challenges, municipal governance and legal obligations, and study goals. Demonstrates ability to integrate statutory and policy context and EMS leadership input into actionable recommendations. Demonstrated ability to incorporate stakeholder-supplied data and regional partner questions into the final analysis, including operational, legislative, and fiscal considerations unique to rural EMS systems.

Deliverables	15	Ability to complete the project on time. Quality and clarity of milestones, draft outlines, and incorporation of EMS leadership input and legal/municipal context in reporting.
Pricing	15	Evaluated for clarity, reasonableness, and cost-effectiveness in relation to the scope of training services offered.
TOTAL	**100**	

AWARD

Workforce Solutions reserves the right to determine the timing of the start of any work described above, to not proceed with some or all of the work, and to contract with more than one vendor for services described within this RFQ. If awarded, a contractual agreement will be entered into between the qualified provider and Workforce Solutions. Workforce Solutions anticipates our review of responses the **January 12-23, 2026** including clarifications, if needed; and funding decisions, including letters of award, will be issued by **January 26, 2026.**
If awarded, a contractual agreement will be executed with the qualified provider. Anticipated project dates will be **January 26, 2026 through June 30, 2026.**

Funded in whole or in part by Federal Funds. Detailed information can be found at: https://www.workforcesolutionspa.com/categories/resources/pages/stevens-amendment

Attachment A

Key Research Questions (Checklist)

1. **Workforce and Staffing**
   - What resources are needed to ensure adequate EMS coverage across the four-county region?
   - How many ambulances are needed per county or service area?
   - What staffing models should municipalities consider—paid, volunteer, or combination?
   - What is the appropriate level of care needed (ALS vs. BLS) at each service level?
   - How can municipalities best fulfill their legal roles and responsibilities in EMS service provision?

2. **Recruitment, Retention, and Incentives**
   - Should volunteers be incentivized, and if so, how?
   - Should training costs be covered or reimbursed, and by whom?
   - Can tuition assistance or stipends be provided for EMS students or trainees?
   - How can high school partnerships and early exposure programs prepare future EMS workers?

3. **Training, Certification, and Quality**
   - Should the State or National Registry test be the standard, or should equivalency/temporary licensing be considered?
   - How can we improve pass rates and strengthen the quality and availability of EMS instructors?
   - What structural or funding changes are needed to support sustainable EMS education delivery?
   - Should all dispatch or call centers be certified, and what standards should apply?
   - What are the adult student pass rates (age 30+) in local EMS programs compared to the National Registry pass rates, and what factors influence outcomes?
   - Are EMS instructors maintaining up-to-date training consistent with annual changes in state or national standards?
   - How can regional consistency be improved in protocol adoption and instructional delivery?
4. **System and Operational Design**
   - What levels of municipal financial support are needed for EMS sustainability?
   - What is the role of municipalities in triage systems, nurse lines, crisis intervention teams (CITs), and related services?
   - How can fire departments or quick response services (QRS) play a greater role in EMS coverage?
   - How do hospital closures, longer transports, and wait times affect workforce deployment and sustainability?
   - What is the current EMS provider roster per county, and how many of those providers are actively staffing EMS units?
   - How do licensing and legacy ambulance requirements affect operational efficiency?
   - How are non-emergency 911 calls impacting workforce strain, and could nurse triage or deferred dispatch protocols reduce call volume and costs?
   - What would be the system impact if the current small group of volunteer responders were to cease responding?
   - What coordination opportunities exist between EMS, 911, and healthcare systems to align triage and response?
   - How can regional data guide future resource allocation and workforce priorities?

5. **Policy and Legislative Considerations**
    - What potential legislative or regulatory changes are needed to address EMS funding, insurance reimbursement, and workforce shortages?
    - How can regional stakeholders ensure EMS representation (“a seat at the table”) in future policy or funding discussions?
    - What steps are needed to recognize EMS as a professional classification within the broader public safety and healthcare systems?
    - Should EMS grant programs include stipends or performance-based eligibility criteria tied to response rates?
    - What municipal liability or insurance implications arise when transitioning from volunteer to paid or combination staffing?
    - How can state funding models better support rural EMS, potentially through per capita or county-class allocation formulas?
    - What legislative or regulatory changes could streamline 911 protocols, nurse triage, and system integration?

PREVIOUS STUDIES

Hard copies or links to the below previous studies will be provided to selected consultant/firm.

Center for Rural Pennsylvania (2022)

CCAP + DCED “Pennsylvania EMS Crisis: Study & Toolkit” (Jan 2023)

PA Department of Health – 2021 EMS Data Report (May 2022)

Senate Resolution 6 Commission Report (2018)

Additionally, a current EMS services listing will be provided to the selected consultant/firm.