

Proposal: 1769(AG29) Regulation BB: Community Reinvestment Act

Description:

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Comment ID: 142405

From: Lois Van Tol, MD

Proposal: 1769(AG29) Regulation BB: Community Reinvestment Act

Subject: Reg BB; Community Reinvestment Act

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Comments:

NONCONFIDENTIAL // EXTERNAL

RE: Notice of Proposed Rulemaking, Community Reinvestment Act Regulations

August 5, 2022

To the Federal Reserve Board:

I am a retired family physician in Rochester, New York and I support the Notice of Proposed Rulemaking (NPR) on the Community Reinvestment Act (CRA). I believe that the proposed changes to the Community Reinvestment Act regulations outlined in the NPR would help to enhance investment in the health of low and moderate income communities across the country.

I spent my entire career working in low income, underserved areas including a rural community in Wisconsin, urban communities in Memphis, Chicago, and Rochester, NY, and a Native American health clinic in Black River Falls, Wisconsin. I know firsthand how important the social determinants of health are in determining health outcomes. These social determinants include affordable and stable housing, adequate income, job opportunities, and access to healthy foods. A strengthened CRA is needed to encourage banks to make loans and investments to support these social determinants of health.

For rural communities, having a local hospital is crucially important. A local hospital provides access to emergency services and is essential for low and moderate income folks who often do not have the means and time to travel to larger cities for care for themselves and their family members. About 60 million people, nearly one in five Americans, live in rural areas and depend on their local hospitals for care. In 2020, 20 of those hospitals closed, making 2020 a record year for rural hospital closures. Across the U.S., 136 rural hospitals have closed since 2010, according to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina. More than 300 rural hospitals are currently at risk. When a rural hospital closes, it disrupts both the health care and the economy of a community.

The expanded definition of "community development" helps to clarify that banks can and should make investments in hospital systems to support community development. Two of the definitional categories, community infrastructure and essential community facilities, now specifically name health services.

The NPR also removes the stipulation that community facilities must also attract or retain businesses residents. This requirement was applied inconsistently in CRA exams which made it more difficult to qualify the activities for CRA consideration. The proposed changes will enable banks to feel secure that their investment in healthcare will go toward their CRA credit which could then result in increased investment in healthcare institutions. This could significantly impact the health of our communities.

I would like to note that the NPR does not go far enough in considering racial inequality. Persistent racial disparities in lending, which has been confirmed repeatedly by various studies, should make it clear that agencies need to incorporate race and ethnicity in CRA exams.

I also urge the agencies to improve data collection for the impact review section of the community development finance test. Data on impacts such as the number of hospital beds available in a community will better capture the importance of funding health initiatives and motivate banks to invest in these initiatives since those outcomes would be more accurately recorded on CRA exams. I also strongly support the proposed data collection for all large banks regarding the dollar amount, category and location of community development activities.

I appreciate the consideration of the health of our underserved communities as a critical part of CRA. The agencies should codify those pieces of the NPR, extend the rigor of the large bank lending test to the other tests, and include race in CRA exams. A strong and clear CRA offers the potential for greater collaboration between hospitals and banks to invest in and create healthier communities.

Sincerely,

Lois Van Tol, MD