

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

Description:

Comment ID: 141836

From: Healthy Communities Delaware, Kate Dupont Phillips

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

Subject: Reg BB; Community Reinvestment Act

Comments:

NONCONFIDENTIAL // EXTERNAL

RE: Notice of Proposed Rulemaking, Community Reinvestment Act Regulations
To Whom It May Concern:

On behalf of Healthy Communities Delaware, a not-for-profit in Delaware, I would like to convey my support of the Notice of Proposed Rulemaking (NPR) on the Community Reinvestment Act (CRA). We believe that the proposed changes to the Community Reinvestment Act regulations outlined in the NPR would help to clarify and enhance investment in the health of our community.

Healthy Communities Delaware has collaborated with many community-based organizations in our region to invest in projects that impact the social determinants of health for our most vulnerable community members. Banks that we partner with look to CRA credit as added incentive to collaboration. A strong and clear CRA offers the potential for greater collaboration between public health, hospitals and banks to invest in and create healthier communities.

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 name health services explicitly. The NPR also removes the stipulation that community facilities must also attract or retain businesses and residents. This is a laudable goal but was applied inconsistently in CRA exams, making it more difficult to qualify the activities for CRA consideration. The proposed changes will enable more banks to feel secure that their investment in health will go towards their CRA credit. This can lead to increased investment and have direct positive impacts on the health and wellbeing for residents in low and moderate income communities.

We 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 beds in health facilities or how many housing units had lead paint abatement will better capture the importance of funding health initiatives and better motivate banks to invest in these initiatives since their outcomes will be more accurately reflected on CRA exams. We also strongly support the proposed data collection for all large banks regarding the dollar amount of community development activity, the category of the activity and the location of the activity.

Clinical care and personal behavior are not the only factors that contribute to health outcomes. Sixty percent of health outcomes are due to social determinants such as: affordable and stable housing, income, job opportunities, access to healthy foods, and more. In order to best promote healthier outcomes, we need affordable housing, steady job growth, thriving schools, and recreation and green spaces in our communities. A strengthened CRA is needed to encourage banks to make loans and investments to support these social determinants of health. These should be named explicitly as allowable investments.

The agencies bolstered the rigor on the large bank retail lending test by introducing performance

ranges for comparisons among a bank's lending and demographic and market benchmarks. This approach would decrease ratings inflation and result in more failing and low satisfactory ratings on the lending test. As a result of this proposed reform, several banks would likely respond by boosting their retail lending to underserved communities. The other large bank tests such as community development finance and services include improvements but need to be further developed to guide examiners against inflating ratings.

The NPR does not go far enough in considering racial inequality. Persistent racial disparities in lending should compel the agencies to incorporate race and ethnicity in CRA exams. A recent national level analysis showed continuing disparities in loan denials by race.

Healthy Communities Delaware appreciates the consideration of the health and social determinants of health of our underserved communities as a critical part of CRA. The agencies should codify those pieces of the NPR. And while we believe that the NPR is a good start and promises to make parts of CRA exams more rigorous, we urge the agencies to extend the rigor of the large bank lending test to the other tests. We also ask the agencies to incorporate race in CRA exams. Thank you for providing this opportunity for Healthy Communities Delaware to comment on this critical rulemaking.

Sincerely,
Kate Dupont Phillips
Executive Director, Healthy Communities Delaware