Advocates for the poor hope better-than-feared state revenue projections will free lawmakers to spare Medicaid coverage for up to 4,000 seriously ill and injured children and pregnant women in Utah.

But midway into the Legislative session, there is no talk of salvaging the state's $1.7 million Medically Needy Program, which allows the sick and injured to qualify for Medicaid by "spending down" their household income by paying a portion of their medical bills.

About 4,000 children and women in the state buy into Medicaid this way, including Bridger Hunt, a 13-year-old Orem boy who nearly lost his leg and his life in 2008 when he was struck by a Lehi man's illegal, homemade firework.

Doctors said Bridger would probably never walk again. But thanks to cutting edge, state-funded surgeries, he now walks with a cane and "keeps defying expectations," said his mother Mindy Carter-Shaw.

"My son was just riding his bike down the road and got blown up. You may wonder, 'How often does that happen?' But it does, and you never know when it might happen to you."

Asked Wednesday why this particular program was targeted, Rep. John Dougall, R-Highland, told members of the Executive Appropriations Committee it's being sacrificed to preserve coverage for other vulnerable Utahns, growing ranks of whom qualify as low-income. During the past two years, Medicaid enrollment has grown by 20 percent.

Prospects remain equally grim for restoring cuts to other so-called "optional" services: eyeglasses, dental care, and outpatient therapies. Also still on the table is a proposed reduction of the asset limit for pregnant women from $5,000 to $3,000, which would result in 5,600 fewer expectant mothers qualifying for Medicaid-funded prenatal care in 2011.

A coalition of advocates and medical providers wants lawmakers to fill budget holes by tapping the state's Rainy Day Fund or using a portion of the proposed cigarette tax. They say even in tough budget times, Medicaid cuts are short-sighted. Faced with no access to preventive care, Medicaid patients will suffer more costly health complications and turn to expensive emergency rooms for treatment.

For pregnant women, it "virtually guarantees a rise in premature births and birth defects," said Utah pediatrician Ellie Brownstein.

Kasey Mitchell with the Utah Occupational Therapy Association said the loss of seemingly secondary services like post-operative therapy can slow patient recovery and economic recovery as people with disabling conditions miss work or lose jobs.

Were it not for Medicaid-funded therapy, Mitchell said patients like Sam Harrison might never regain independence.

Harrison broke his neck two years ago in a snowboarding accident, leaving him with some arm mobility, but no use of his hands or legs. The Utah County father of one was insured, but his premiums and out-of-pocket costs grew too costly, depleting the family's $20,000 savings and forcing them to drop coverage, Mitchell said.

When Mitchell got to him, Harrison was immobile and unable to perform the simplest of tasks like brushing
his teeth. Today, he is a straight-A student at Brigham Young University and on the verge of being able to drive again, Mitchell said. "With some investment in his future, I have no doubt he'll be a contributing member of society."

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